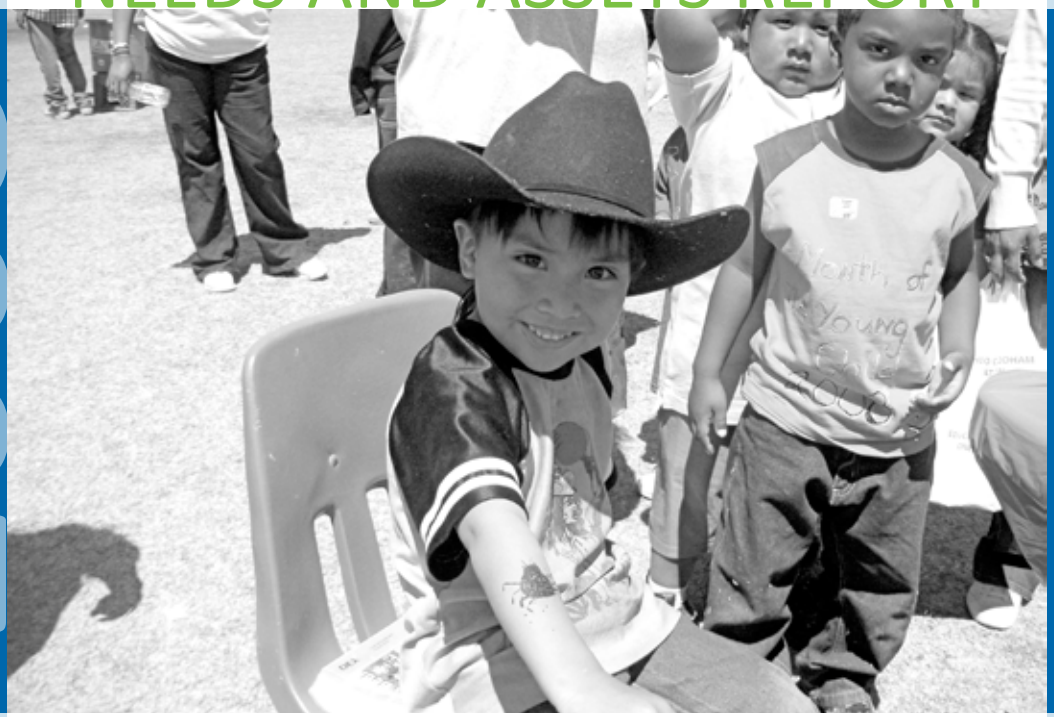
NEEDS AND ASSETS REPORT

2008



FIRST THINGS FIRST

Tohono O'odham Nation

Regional Partnership Council

Tohono O'odham Nation

Regional Partnership Council

Council

Louis Johnson, *Chair*
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Crystal Manuel
Joseph Mease
Janine Prewitt
Lucy Zazueta

Travis Le Duc, *Regional Coordinator*

2008 Needs and Assets Report

Submitted in accordance with ARS 8-1161. Each regional partnership council shall submit a report detailing assets, coordination opportunities and unmet needs to the board biannually. The regional partnership council's needs and assets assessment shall be forwarded to the board for final approval no later than September 1 of each even-numbered year, beginning in 2008. The board shall have discretion to approve or reject a council's assessment in whole or in part or to require revisions. The board shall act on all needs and assets assessments no later than October 1 of each even-numbered year, beginning in 2008.

www.azftf.gov/tohonooodhamnation

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Tohono O'odham Nation Executive Summary

The Tohono O'odham Reservation is located in Southwest Arizona. It consists of four separated reservation lands in the Sonoran Desert and covers a total of 2,854,881 acres, an area comparable to the state of Connecticut, extending across the Mexican border. Northwest of the Tohono O'odham Nation lies the 10,409-acre Gila Bend Reservation, and to the east, near Tucson is the 71,095-acre San Xavier Reservation. East of the Gila River Indian Community Reservation and west of the city of Florence, is the 20-acre Florence Village. West of the Nation is a newly adopted land base in Why, Arizona. There are eleven Tohono O'odham Districts: Baboquivari, Chukut Kuk, Gu'Achi, Gu'Vo, Hickiwan, Pisinemo, San Lucy, San Xavier, Schuk Toak, Sells, and Sif Oidak. Sells serves as the Nation's capital and is the largest community, located approximately an hour and a half from Tucson.[1]

The Tohono O'odham Nation is the second largest American Indian Reservation in Arizona with an enrollment population of approximately 28,000. Out of this amount, 14,489 of its members reside within the Nation's boundaries. The Nation is rural, non-agricultural, isolated with a minimum of an hour drive to a metropolitan area. The Nation falls under five zip codes: 85746, 85749, 85634, 85639, and 85321. There are approximately 50 communities located about 15 to 20 miles apart and situated in isolated areas. Access to many of the villages is difficult, if not impossible. Remoteness and lack of economic development have resulted in a high poverty rate.

The following sections provide the key needs and assets of the Tohono O'odham Nation, while focusing on the goals of Quality and Access, Family Support, and Professional Development.

Quality and Access

Head Start and tribally licensed Child Care Provider centers and home-care providers are assets on the Nation. However, there is not enough funding to meet the needs of the growing 0-5 population. There are a total of 6 Head Start centers, 5 home-based centers, 5 tribally licensed child care centers, and 15 tribally licensed home care centers on the Nation that offer early child care development and health to the O'odham 0-5 year old population. There is a dire need for child care providers, especially considering the latest statistics show the Tohono O'odham Nation has an ever growing 0-5 population at 1,594, living on the Nation. Currently, the Nation is only serving 13% of its 0-5 population in early childhood development and health. With this significant growth in the number of children ages 0-5, the Tohono O'odham Nation Enrollment 2008 data indicated a significant increase in its 0-5 population at 37 percent between 2000 and 2007. This increase is well above the state and 30 percent more than the U.S. for this population's average. If the Tohono O'odham Nation on-reservation population for this age range continues to grow at this pace, in the years ahead there will be significantly more children five years and under in the region. The potential impact of the exponential growth rate of the five years and under population and the Nation's ability to meet the growing needs of the com-

1 Excerpts from Tohono O'odham Head Start project description, 2008

munity is significant. There are needs for quality and access to child care programs emphasizing child development and health, expanding facilities, increasing enrollment slots for Head Start, licensing, certification, funding for positions, professional training, transportation, and diversifying hours of operation for child care to include afterhours and weekends. Furthermore, another major gap was system coordination between existing, new facilities, and agencies serving children ages 0 – 5. An example of this gap can be observed in the lack of coordination of screening, referral, and evaluation services for children ages 0-5 with special needs.

Family Support

Family Support is the infrastructure which allows a child and family to thrive. Low socio-economic status is a predictor of child and family prosperity. For the Tohono O'odham Nation, the unemployment rate is astronomically high. According to the U.S. Department of the Interior, Bureau of Indian Affairs, Office of Tribal Services' *American Indian Population, Labor Force Report 2003* and *2005,* the Unemployment Rate was 74 percent in 2003, and had increased to 75 percent by the latest information in the 2005 report. The total population on the Nation that reflects these percentages are 11,774 and 13,401 respectively. Seventy-five percent is extremely high at 15 times the average for Arizona and the U.S., at 4.6% and 5.1% respectively, for the same year. Over half of families living on the Tohono O'odham Nation, with children 18 years of age or under, are living at or below 100 percent Federal Poverty Level. Housing was also noted as a significant concern in the region. Another reliable predictor of a child receiving early education and care services is whether or not the child's mother is both a single parent and needs to work to support the family. In 2006, 60 percent of Tohono O'odham children were living in single parent households. This is over four times that of Arizona and the U.S. Thirty-four percent of households on the Nation were reported to be led by females, with up to 11 percent led by males. What these findings indicate is a need for family resources such as promotional material for early childhood development and health, as well as early care services available to the public.

Professional Development

Professional development was also discovered as an area for improvement. The Tohono O'odham Nation region is working to increase the professional training and credentialing of professionals. There are multiple avenues for training and certification available to professionals in this region, including online opportunities and on-site training and education/degree programs through the Tohono O'odham Community College and state universities. The Tohono O'odham Nation Education Department provides financial aid, scholarship and recruitment/retention services to enrolled tribal members of the Nation. The program serves vocational, undergraduate, and graduate college/university students as they pursue their educational goals. The most commonly reported qualification for Head Start professionals in the region was a CDA (Child Development Associate) credential. Even though opportunities exist, accessing them is difficult if not impossible due to lack of transportation and availability of child care after hours and on weekends. Finally, there is a need to increase pay for early childhood development staff.

The Tohono O'odham Nation has great capacity to increase opportunities for children and families. This will require improved coordination among local resources to provide parents and families with a cohesive, collaborative, and comprehensive array of services. Due to the Tohono O'odham Nation's large land base, barriers such as high cost, inconvenient hours of operation, and lack of transportation limit access to quality early childhood development and health services. There is also evidence of a need for increased training and certification among child care professionals in the region. Economically, the overall well-being, high unemployment rates and a high percentage of families living below the Federal Poverty Level, suggest that many households in the region struggle financially. Many families and children receive the health care they need through Indian Health Services located throughout the region. Communication issues, minimal system coordination, high staff turnover rates, and issues with funding for evaluation were, however, noted as possible concerns impacting health screening and referrals in the region.

First Things First – A Statewide Overview

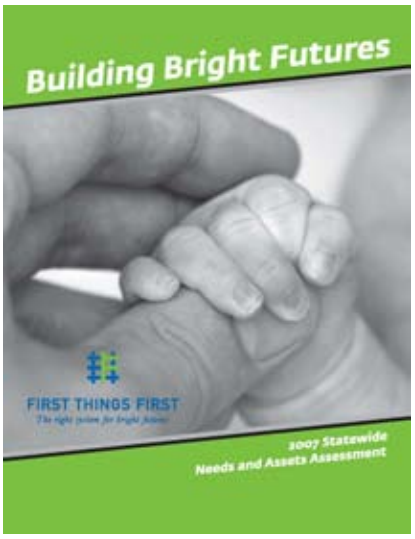
The mission of First Things First (FTF) is to increase the quality of, and access to, early childhood programs that will ensure that a child entering school arrives healthy and ready to succeed. The governance model of First Things First includes a State -level Board (twelve members in total, of whom nine are appointed by the Governor) and Regional Partnership Councils, each comprised of eleven members appointed by the State Board (Board). The model combines consistent state infrastructure and oversight with strong local community involvement in the planning and delivery of services.

First Things First has responsibility for planning and implementing actions that will result in an improved system of early childhood development and health statewide. The Regional Partnership Councils, thirty-one in total, represent a voluntary governance body responsible for planning and implementing actions to improve early childhood development and health outcomes within a defined geographic area ("region") of the state. The Board and Regional Partnership Councils will work together with the entire community – all sectors – and the Arizona Tribes to ensure that a comprehensive, high quality, culturally sensitive early childhood development and health system is put in place for children and families to accomplish the following:

- Improve the quality of early childhood development and health programs,
- Increase access to quality early childhood development and health programs,
- Increase access to preventive health care and health screenings for children zero through age five,
- Offer parent and family support and education concerning early childhood development and literacy,
- Provide professional development and training for early childhood development and health providers, and
- Increase coordination of early childhood development and health programs and public information about the importance of early childhood development and health.

The Tohono O'odham Nation Regional Partnership Council

Arizona voters expressed their commitment to early childhood development and health with the passage of Proposition 203, now known as First Things First. In recognition of the government-to-government relationship with federally recognized tribes, Proposition 203 included a provision allowing each tribe with tribal lands located in Arizona the opportunity to participate within a FTF designated region, or elect to be designated as a separate region by FTF, based on what is best for its children. The Tohono O'odham Nation was one of ten tribes that elected to have its tribal land designated as its own region.



The First Things First Tohono O'odham Nation Regional Partnership Council (Regional Council) works to ensure that all children in the region are afforded an equal chance to reach their fullest potential. The Regional Council is charged with partnering with the community to provide families with opportunities to improve their children's educational and developmental outcomes. By investing in young children, the Regional Council and its partners will help build brighter futures for the region's next generation of leaders, ultimately contributing to economic growth and the region's overall well-being.

To achieve this goal, the Tohono O'odham Nation Regional Partnership Council, with its community partners, will work to create a system that builds and sustains a coordinated network of early childhood programs and services for the young children of the region. As a first step, the First Things First report, ***Building Bright Futures: A Community Profile***, provides a glimpse of indicators that reflect child well-being in the state and begins the process of assessing needs and establishing priorities. The report reviews the status of the programs and services serving children and their families and highlights the challenges confronting children, their families, and the community. The report also captures opportunities that exist to improve the health, well-being, and school readiness of young children.

In the fall of 2008, the Regional Council will undertake strategic planning and set a three-year strategic direction that will define the Regional Council's initial focus in achieving positive outcomes for young children and their families. The Regional Council's strategic plan will align with the Statewide Strategic Direction approved by the FTF Board in March 2008.

To effectively plan and make programming decisions, the Regional Council must first be fully informed of the current status of children on the Tohono O'odham Nation. This report serves as a planning tool for the Regional Council as they design their strategic roadmap to improve the early childhood development and health outcomes for young children. Through the identification of regional needs and assets and the synthesis of community input, this initial report begins to outline possible priority areas for which the Regional Council may focus its efforts and resources.

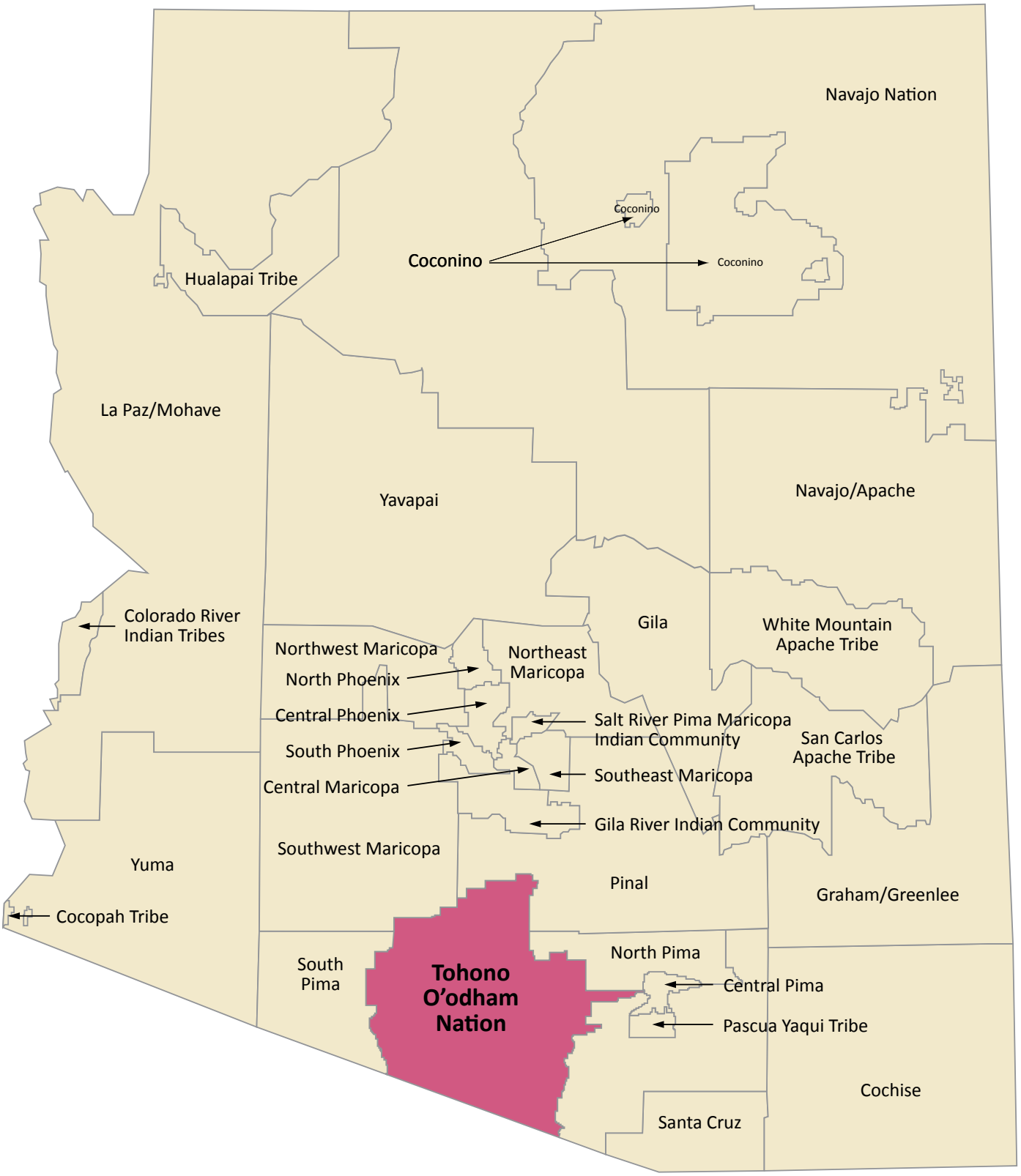
It is important to note the challenges in writing this report. While numerous sources for data exist at the tribal, state, and federal level, the information was often difficult to locate and analyze. Furthermore, not all state data could be analyzed at a regional level. Lack of a coordinated data collection system among the various tribal, state and federal agencies, and early childhood organizations often produced statistical inaccuracies and duplication of numbers. Additionally, many indicators that could effectively assess children's healthy growth and development are not currently or consistently measured.

Nonetheless, FTF was successful in many instances in obtaining data from other state agencies, tribes, and a broad array of community-based organizations. In their effort to develop regional needs and assets reports, FTF has begun the process of pulling together information that traditionally exists in silos to create a picture of the well-being of children and families in various parts of our state.

The First Things First model is for the Regional Council to work with the FTF Board to improve data collection at the regional level so that the Regional Council has reliable and consistent data in order to make good decisions to advance the services and supports available to young children and their families. In the fall of 2008, FTF will conduct a family and community survey that will provide information on parent knowledge related to early childhood development and health and their perception of access to services and the coordination of existing services. The survey results will be available in early 2009 and include a statewide and regional analysis.

Executive Summary

In January 2007, First Things First released the report *Building Bright Futures,* Arizona's first statewide needs and assets assessment of the current state of early childhood in Arizona. The report provided data on the need to improve early childhood education practice and capacity, highlighted existing resources or assets currently available to support early childhood efforts, and identified opportunities for creating a comprehensive early childhood improvement plan for the state of Arizona. As part of the First Things First initiative, thirty-one Regional Partnership Councils (RPC's) were also created to represent early childhood interests at the local level and, among other responsibilities, conduct a community-level needs and assets assessment every two years. Each eleven-seat council made up of key community stakeholders with vested interests in the process of early childhood education and its outcomes (i.e., educators, parents, business leaders, health providers, etc.). This report presents findings from the first needs and assets assessment completed in 2008 for the **Tohono O'odham Nation RPC**. Each assessment will be used to help guide strategic planning and funding decisions at the local level on behalf of the First Things First state initiative mandated by Proposition 203.


Navajo Nation
Coconino
Coconino
Coconino
Hualapai Tribe
La Paz/Mohave
Yavapai
Navajo/Apache
Colorado River
Indian Tribes
Gila
White Mountain
Apache Tribe
Northwest Maricopa
Northeast
Maricopa
North Phoenix
Central Phoenix
Salt River Pima Maricopa
Indian Community
South Phoenix
San Carlos
Apache Tribe
Central Maricopa
Southeast Maricopa
Gila River Indian Community
Southwest Maricopa
Yuma
Pinal
Graham/Greenlee
Cocopah Tribe
South
Pima
Tohono
O'odham
Nation
North Pima
Central Pima
Pascua Yaqui Tribe
Cochise
Santa Cruz

Regional Overview: Tohono O'odham Nation

The Tohono O'odham Reservation is located in Southwest Arizona. The reservation land encompasses the arid Sonoran Desert, characterized by wide valleys, plains, and jutting mountain ranges rising nearly 8,000 feet. The Tohono O'odham Nation consists of four separated reservation lands in the Sonoran Desert and covers a total area of 2,854,881 acres, an area comparable to the state of Connecticut. The Tohono O'odham Nation is one of the largest known reservations in the United States, stretching approximately 90 miles across Pima County, consisting of approximately three million acres of tribal trust land at an elevation of 2,674 feet. The Nation also extends across the Mexican border. Northwest of the Tohono O'odham Nation lies the 10,409-acre Gila Bend Reservation, and to the east, near Tucson is the 71,095-acre San Xavier Reservation. East of the Gila River reservation and west of the city of Florence, is the 20-acre Florence village. West of the Nation is a newly adopted land base in Why, Arizona. The Tohono O'odham Nation has the second largest Native American population of all Arizona Native American reservations with a population of approximately 28,000 registered people, which includes enrollment on and off the reservation. Out of this amount, nearly 14,489 of its members reside within the reservation boundaries. The Nation is rural, non-agricultural, isolated with a minimum of an hour's drive to a metropolitan area. The reservation falls under five zip codes 85749, 85746, 85634, 85639, and 85321. There are approximately 50 communities located about 15 to 20 miles apart and situated in isolated areas. Access to many of the villages is difficult, if not impossible. Remoteness and lack of economic development have resulted in a high poverty rate.

There are eleven Tohono O'odham Districts; Baboquivari, Chukut Kuk, Gu'Achi, Gu'Vo, Hickiwan, Pisinemo, San Lucy, San Xavier, Schuk Toak, Sells, and Sif Oidak. Sells serves as the Nation's capital and is the largest community, located approximately an hour and a half from Tucson. [2]

Child and Family Indicators

According to the Tohono O'odham Nation Enrollment Program, from 2000 to 2006 the overall population on the reservation increased by 26 percent. These numbers are close to the 23 percent increase that the State of Arizona experienced overall during the same time period. U.S. Census data suggests a smaller population increase of 16 percent for the Tohono O'odham Nation from 2000 – 2006. If the Tohono O'odham Nation population continues to grow at this pace, there will be significantly more children five years and under in the region in the years ahead. The potential impact on the Nation's ability to meet the growing needs of the entire community is significant.

Language and culture preservation is a priority within the Tohono O'odham community and is part of the Tohono O'odham *Himdag*. The *Himdag* consists of the culture, "way of life," and values that are held and displayed by the O'odham people. Language is an important part of the culture, and according to the U.S. Census, 46

2 Excerpts from Tohono O'odham Head Start project description, 2006

percent of Tohono O'odham over the age of 5 speak a language other than English. It is assumed that this language is primarily O'odham.

In 2006, 60 percent of Tohono O'odham children were living in single parent households. A child whose mother is a single parent and must work to support the family is less likely to receive early education and care services. The percentage of single parents on the Nation is over four times that of Arizona and the U.S. Thirty-four percent of households on the Nation were reported to be led by females, with up to 11 percent led by males.

In regard to economic well-being, the unemployment rate for the Tohono O'odham Nation is astronomically high. According to the U.S. Department of the Interior, Bureau of Indian Affairs, Office of Tribal Services' *American Indian Population, Labor Force Report 2003* and *2005,* the Unemployment Rate was 74 percent in 2003, and had increased to 75 percent by 2005(most recent data available). Seventy-five percent is extremely high at 15 times the average for Arizona and the U.S., at 4.6% and 5.1% respectively, for the same year. Over half of families living on the Tohono O'odham Nation, with children 18 years of age or under, are living at or below 100 percent Federal Poverty Level. The data showing the unemployment rate being 75% in 2005 raises questions regarding the accuracy of the U.S. Census data which states the percent of O'odham families living below the poverty level is 44 percent higher than households in Arizona and the U.S. Housing was also noted as a significant concern in the region.

Quality of Early Childhood Care and Education

A number of states across the U.S. have been increasingly concerned about creating high quality early care and education. Currently, there is no commonly agreed upon or published set of indicators of quality for Early Care and Education in Arizona. One of the tasks of First Things First will be to develop a Quality Improvement and Rating System with these common indicators of quality.

The Tohono O'odham Nation's zip codes of 85749, 85746, 85634, 85639, and 85321 do not have any early child care centers that are listed as accredited by the following accreditation agencies: NAEYC (National Association for the Education of Young Children), AMI (Association Montessori International/USA), AMS (American Montessori Society), ASCI (Association of Christian Schools International), NAC (National Accreditation Commission for Early Care and Education), NECPA (National Early Childhood Program Accreditation), or NAFCC (National Association for Family Child Care).

There are, however, several child care centers off the reservation which have been approved by the Tohono O'odham Nation's Department of Education's Division of Early Childhood Development. Head Start programs are not considered accredited, but they have federal performance standards that they are required to meet. Tohono O'odham Nation Head Start has 6 centers and one home-based program, together serving a total of 249 children in the 2006-2007 year.

Access to Early Childhood Care and Education

There are limited types of early care and education centers on the Tohono O'odham Nation. Nevertheless, the Tohono O'odham Nation has taken steps to ensure tribal centers and home-providers meet requirements and become tribally approved. A total of 6 Head Start Centers, 5 home-based Centers, 5 tribally licensed child care centers, and 15 tribally licensed home care centers exist on the Nation to offer early child care development and health to the O'odham 0-5 year old population.

Child care costs present challenges for families, especially those at the lowest income levels. For the Tohono O'odham Nation, child care rates for licensed centers are more expensive when compared with other child care settings. Early child care centers and providers off the Nation often cost more than the early child care provided by the Tohono O'odham Nation within the communities. The Tohono O'odham Nation Early Child Care program provides accessibility to its program by offering a sliding scale co-pay rate that is subsidized by the program.

Barriers to accessibility were also noted and include waiting lists, infrastructure (such as facilities), staffing, funding for salaries, distance traveled between villages for work, hours of operation that are convenient for working parents (or parents attending school), and lack of transportation.

Health Care for Young Children

Children's good health is an essential element that is integrally related to their learning, social adjustment, and safety. The majority of families of the Tohono O'odham Nation receive basic in-patient and out-patient care through the Indian Health Services. The Sells Hospital, built in 1961, is a modern 34-bed facility with JCAHO (Joint Commission on Accreditation of Hospitals Organization) accreditation located in Sells, Arizona. There are also three satellite facilities: the San Xavier Health Center, a large out-patient facility on the outskirts of Tucson, the Santa Rosa Clinic, a small out-patient facility located in the rural, north-central Tohono O'odham Reservation region, and the San Simon Health Center, located west of the Nation. A professional staff of physicians, pediatricians, physician assistants, dentists, nurses, podiatrists, optometrists, and auxiliary technical support personnel administer both in-patient and ambulatory services through the hospital and clinics.

The Tohono O'odham Nation Department of Education and Department of Health and Human Services (TODHHS) programs play a critical role in linking families with immunizations, well-child checks, dental and vision screenings, and developmental screenings. Communication issues, minimal system coordination, high staff turnover rates, and issues with funding for re-evaluations were noted as possible concerns impacting health screening and referrals in the region. Although there are other morbidities the Nation faces, there are three specific threats to the health of the Nation. They are: diabetes, chemical dependency, and insufficient neonatal care.

Family Support

Family support is a foundation for enhancing children's positive social and emotional development. Children who experience sensitive, responsive care from a parent perform better academically and emotionally. Beyond the basics of care and parent-

ing skills, children benefit from positive interactions with their parents (e.g. physical touch; early reading experiences; and verbal, visual, and auditory communications). Children depend on their parents to ensure they live in safe and stimulating environments where they can explore and learn.

The Tohono O'odham Nation has a number of family support services and programs. Services include the Education Department's Division of Early Childhood Development, which consists of Early Child Care, Head Start, and IDEA Programs. The Bureau of Indian Education Baby, Family, and Child Education program, among others, provides workshops and training for parents on topics such as nutrition, the importance of physical activity, early childhood development, children with special needs, and other parenting skills. In addition to the Nation's Education Department, the TODHHS further contributes to family support through its programs: Special Needs Division, Child Welfare Division, Family Assistant Division, Health Transportation Division, and Behavioral Health Division. Efforts also exist within the Tohono O'odham community to provide information and programs on family literacy.

Professional Development for Those Working with Young Children

Professionals providing early childhood services can improve their knowledge and skills through professional education and certification. The Tohono O'odham Nation region appears to be working to increase the professional training and credentialing of professionals. There are multiple avenues for training and certification available to professionals in this region, including online opportunities and on-site training and education/degree programs through the Tohono O'odham Community College and state universities. The Tohono O'odham Nation Education Department provides financial aid, scholarship, and recruitment/retention services to enrolled tribal members of the Nation. The program serves vocational, undergraduate, and graduate college/university students as they pursue their educational goals. The most commonly reported qualification for Head Start professionals in the region was a CDA (Child Development Associate) credential.

Research has demonstrated improved outcomes for children when they are cared for by more qualified child care providers whose employers focus on employee retention.[3] The average length of employment for child care professionals in the Tohono O'odham region has remained low. Most teachers and assistant teachers reported 1-3 years of employment, with only 36 percent of teachers and 20 percent of assistant teachers with more than 5 years of experience. Higher compensation and benefits have also been associated with quality child care. Based on the Compensation and Credential Survey, many child care professionals on the Tohono O'odham Nation received small salary increases from 2007 to 2008.

3 Raikes, H. Relationsip duration in infant care: Time with a high ability teacher and infant-teacher attachment. 1993, Early Childhood Research Quarterly, 8, 309-325.

Public Information and Awareness Related to Early Childhood

Recent research in early childhood development has increased families' attention on the lasting impact that children's environments have on their development. Yet according to the 2007 *Bright Futures* Report, Arizonans surveyed indicated that only one in three are well informed on issues related to early childhood. At the local level, no surveys have yet been conducted to measure public support and awareness around the issues related to early care and education for the Tohono O'odham Nation. However, tribal programs and services in the region provide opportunities each year for the public to learn more about, and get involved with, early education efforts. Although family support services exist, there is need to produce promotional material.

Early Childhood System Coordination

System coordination can help communities produce higher quality services and obtain better outcomes. For example, one study found that families who were provided enhanced system coordination benefited more from services than did a comparison group that did not receive service coordination.[4] Effective system coordination can promote First Things First's goals and enhance a family's ability to access and use services.

The Tohono O'odham Nation has a number of support programs and services for parents and children related to early childhood. Many programs partner to provide services to achieve a common goal of strengthening overall health and wellness for children from birth through age five. Although service providers work collaboratively to provide age-appropriate services along the entire spectrum of care for a family with young children, system coordination is still considered an area for improvement in the region.

4 Gennetian, L. A., & Miller, C. Reforming welfare and rewarding work: Final report on the Minnesota Family Investment Program: Effects on Children, 2000, New York: Manpower Demonstration Research Corporation; Miller, C., Knox, V., Gennetian, L. A., Dodoo, M., Hunter, J. A., & Redcross, C. Reforming welfare and rewarding work: Final report on the Minnesota Family Investment Program: Vol. 1: Effects on Adults, 2000, New York: Manpower Demonstration Research Corporation.

Child and Family Indicators ---Young Children and Families in the Tohono O'odham Nation Region

The well-being of children and families in a region can be explored by examining indicators or factors that describe early childhood health and development. Needs assessment data on indicators provide policy makers, service providers, and the community with an objective way to understand factors that may influence a child's healthy development and readiness for school and life. The indicators included in this section are similar to indicators highlighted in the statewide needs and assets report. Data in this report examine the following:

- **Early childhood population** – Race, ethnicity, language, and family composition;
- **Economic status of families** – Employment, income, poverty, and parents' educational attainment;
- **Trends in births;**
- **Health insurance coverage and utilization;**
- **Child safety** – Abuse, neglect, and child deaths; and
- **Educational achievement** – Elementary school performance and high school graduation.

Regional data is compared with state and national data whenever possible. Every attempt was made to collect data for multiple years at each level of reporting (regional through national). However, there are some items for which no reliable or comparable data currently exist.

It may not be possible for the Tohono O'odham Nation Regional Partnership Council to have a direct impact on all these or other indicators this first through third year, but the Regional Council will hopefully address other indicators as future funding becomes available. Nonetheless, they are important measures to track because they outline a picture of a child's chance for success. In addition, some indicators such as child abuse, child neglect, and poverty are tracked because they provide pertinent information on how children are faring, or factors to consider when designing strategies to improve child outcomes in the region.

Population Growth

The tables below compare tribally specific population data to U.S. Census data. These tables reflect both the Tohono O'odham Nation Enrollment Program figures and the American Indian Population, (Labor Force Report 2003 and 2005) figures for the Tohono O'odham Nation for 2003 and 2005. Data includes overall population growth (all ages) and population growth for children ages 0 – 5 yrs.

According to the Tohono O'odham Nation Enrollment Program, between 2000 and 2006 the overall population on the reservation increased by 21 percent. These numbers are slightly above the 19 percent increase that the State of Arizona experienced overall during the same time period although significantly higher than the U.S.

at 7 percent.

Tohono O'odham Nation Enrollment Program Population Growth on Reservation (All Ages)

	2000	2006	% Change
Tohono O'odham Nation (on reservation)	10,429	13,151	+21%
Arizona	5,130,632	6,338,755	+19%
U.S.	281,421,906	301,621,157	+7%

Source: Tohono O'odham Nation Enrollment Program (2008); American Community Survey (2000) and (2006).

Population Growth (All Ages)

	2000	2006	% Change
Tohono O'odham on/off reservation trust land	22,535	26,963	+16%
Arizona	5,130,632	6,338,755	+19%
U.S.	281,421,906	301,621,157	+7%

Source: Tohono O'odham Nation Enrollment Program (2008); U.S. Census (2000), KidsCount.

With this overall increase in population, came significant growth in the number of children ages 0-5. Tohono O'odham Nation Enrollment 2008 data indicated a significant increase in its 0-5 population at 37 percent between 2000 and 2007. This increase is well above the state average for this population and 30 percent more for the U.S. If the Tohono O'odham Nation on-reservation population for this age range continues to grow at this pace, there will be significantly more children five years and under in the region in the years ahead. The potential impact of the exponential growth rate of the population on the Nation's ability to meet the growing needs of the community is significant.

Population Growth for Children Ages 0-5 Years on the Reservation (2000-2007)

	2000	2007	% Change
Tohono O'odham Nation	1,011	1,594	+37%
Arizona	455,745	593,578	+23%
U.S.	19,175,798	20,724,125	+7%

Sources: Tohono O'odham Nation Enrollment Program (2008);, American Community Survey (2007), US Census 2000

Both Tribal Enrollment and U.S. Census data have their limitations. For the Tohono O'odham Nation, enrollment numbers only include those families who submitted a complete application for enrollment that was approved by the Office of Membership Services using specific criteria as determined by the Nation. Nevertheless, the Tohono O'odham Nation enrollment data would be more accurate than the Census 2000 data due to the per capita distribution conducted every two years. Due to the per capita distribution, the Office of Membership must keep a more updated and detailed record to ensure all its members receive the funds.

U.S. Census data on the population of American Indians who are tribal members of federally recognized Tribes/Nations may not reflect the true total population. There are various factors for this inaccuracy of U.S. Census data; among them the fact that the U.S. Census race/ethnicity data is self-reported. Tribal members have historically been known to distrust the state and federal government, in this case, census takers, in providing information due to past and current broken treaties and promises. Consequently, there is misrepresentation of tribal members living on and off the Nation.

According to the U.S. Census, 61 percent of American Indians and Alaska Natives live in urban areas. Due to the fact that U.S. Census race/ethnicity data is self-reported, there is no method of verification of tribal membership available to substantiate this percentage. It is widely understood that many tribal members leave and return to their Tribe/Nation to pursue education and employment opportunities throughout their lives.

Some Tohono O'odham tribal members also live across the border in Mexico and are likely not included in Census data. An estimated 1, 700 O'odham live in Sonora, Mexico on traditional homelands along the U.S./Mexico Border. These Tohono O'odham were not given dual citizenship when the border was created and, up until recently, moved freely to attend religious ceremonies, keep medical appointments, and visit relatives.

Race, Ethnicity and Language Characteristics

The Tohono O'odham Nation is composed of federally recognized tribal members according to the standards set by the tribal government. The table below reflects the racial/ethnic characteristics of individuals in the Arizona Department of Health Services Statistical Profile (2006) and may reflect multi or biracial identity or the race/ethnicity of spouses or partners living on the reservation. Aside from 90 percent American Indian, the other races/ethnicities most commonly identified are White, 8 percent, and Hispanic, 7 percent. It must also be noted that due to the isolation of the reservation, one hour in radius to a major city, many non-members live on the Nation, such is the case for some public school teachers and I.H.S. employees where housing is made available to them.

Race/ Ethnicity Characteristics (All Ages), (2006)

	White Non-Hispanic	Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Other
Tohono O'odham Nation*	8%	7%	<1%	90%	<1%	1%

*Source: ADHS Primary Care Area Statistical Profile (2006)

The following table shows the percent of Tohono O'odham children (on and off reservation) age 0-4 years by race/ethnic characteristics. Of the children in this age range, 91 percent were American Indian in 2000.

Race/ Ethnicity Characteristics of Children (0-4 year) Tohono O'odham Nation, (2000)

	White Non-Hispanic	Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Other
Tohono O'odham Reservation on and off reservation Trust Land-AZ	6%	9%	<1%	91%	<1%	<1%

Source: KidsCount.org (2008)

The Tohono O'odham Nation reported 392 live births (on reservation) in 2006, which is about 6% of the total American Indian births in Arizona for the same year.

Births to Arizona American Indians (2006)

Births to Tohono O'odham Nation On reservation	Births to All American Indians On reservation	Births to American Indians In Arizona	Total Births To All AZ Residents
392	4,063	6,364	102,042

Source: ADHS Primary Care Area Statistical Profile (2006)

Language Characteristics

The O'odham share linguistic and cultural roots with the Akimel O'odham; O'odham is a Uto-Aztecan language. It is the 10th most commonly spoken language in Arizona and the 3rd most commonly spoken indigenous language in Arizona, after Apache and Navajo. There are at least six dialects of O'odham spoken, reflective of various regions, on the Tohono O'odham Nation: Cukud Kuk, Gigimai, Hu:hu'ula, Huhuwos and Totoguani.[5]

According to the U.S. Census, 46 percent of Tohono O'odham over the age of 5 speak a language other than English. It is assumed that this language is primarily O'odham. The Tohono O'odham Nation does not have data to support such a finding. This is a gap the RPC has identified as being a need to address. Language characteris-

5 Tohono O'odham Nation Cultural Center and Museum (2008).

tics, in terms of language primacy or fluency, are generally not measured in children until they reach their fifth year. As a result, data on these characteristics is usually limited to children over the age of five. Data from the most recent 2008 KidsCount and American Community Survey estimate that up to 32 percent of Arizona children ages five to eighteen speak a language other than English.

Language Characteristics–Population 5 Years and Older Tohono O'odham Nation, (2000)*

Language Spoken at Home	Percent
English Only	54%
Language Other than English	46%
Total (n=16,083)	100%

*Source U.S. Census Bureau (2000)

Additional Indicators of Interest to RPC

Language and Culture Traditions

According to the 2004 Tohono O'odham Nation Administrative Plan, language and culture preservation are a priority within the community and are a part of the Tohono O'odham *Himdag*.

The *Himdag* consists of the culture, "way of life," and values that are held and displayed by the Tohono O'odham people. As a lifelong journey, the *Himdag* incorporates everything that makes the O'odham unique as individuals and a people. The following are elements of *Himdag*[6]:

- Arts (basketry and music)
- Beliefs
- Community
- Games
- Harvesting
- Language
- Land, environment, seasons
- Medicinal plants
- Mobility (walking, running)
- Past and Future (journey in life)
- Relatives (Akimel O'odham, Hia Ced O'odham, Kinship)
- Songs and Storytelling
- Spirituality / Religion (healing, curing)
- Sensitivity
- Values (respect)

Also, many tribal programs integrate language and culture into their planning and curriculum. Head Start uses a bicultural/bilingual curriculum; mandatory classes in these areas are required for some degrees from the Tohono O'odham Community College; and the Tohono O'odham Nation Cultural Center and Museum has dedicated an exhibit to the importance of learning and speaking the language.

6 Tohono O'odham Community College (2008)

Family Composition

In 2006, 60 percent of Tohono O'odham children were living in single parent households. From 2000 – 2006 the percent of children ages 0 – 18 years living in single parent households on the Tohono O'odham Nation increased from 20 to 60 percent. This is 4 times higher than is reported for Arizona and the U.S. during the same period.

Percentages of Single Parent Households with Children 0-18 Years

	2000	2006
Tohono O'odham Nation	20%	60%
Arizona	14%	15%
U.S.	14%	14%

Source: U.S. Census (2000)

Since the year 2000, approximately one out of every three family households in Arizona has been headed by a single parent.[7] Estimates indicate that many of these households are led by mothers only, while a few are led by fathers only. Arizona is actually right at the national average for this statistic. In some parts of the U.S. however, single parent households can approach the 50% mark (i.e., Washington, D.C. and Mississippi).[8] This rate is much closer to the average for the Tohono O'odham Nation.

One of the more reliable predictors of a child receiving early education and care services is whether or not the child's mother is both a single parent and needs to work to support the family. Nationally, in 1991, 85 percent of working mothers of 4-year olds used early childhood education and care programs, with that figure jumping to 91 percent in 1999.

The table below indicates that 34 percent of households are led by females, or one out every three households, while up to 11 percent are led by males for the Tohono O'odham Nation, which is 3 times that for American Indian children and all children in the U.S.

Indicators of Child Well-Being- Comparison between Tohono O'odham, American Indian (AI) and All Children, (2000)

Indicator	Tohono O'odham Nation	American Indian Children *	All Children in US
Female Head of Household	34%	13%	12%
Male Head of Household	11%	8%	4%
Head of Household High School	N/A	N/A	N/A
In grandparents care**	37%	57%	42%
3-4 year olds enrolled in pre-school	38%	47%	49%
5-15 yrs with one or more disabilities	3%	7%	6%

7 This estimate is from Kids Count.

8 Hernandez, D. (2006). Young Children in the U.S.: a Demographic portrait based on the Census 200. Report to the national Task Force on Earth Childhood Education for Hispanics., Tempe, Arizona State University.

* American Indian data was collected using the U.S Census (2000), while Tohono O'odham Nation and U.S. data was collected using KidsCount. **Percent was calculated by taking the total number of grandparents living with one or more grandchildren under 18 years and dividing that by total number of grandparents responsible for grandchildren. Source: U.S Census (2000), KidsCount

It is important to give cultural considerations when interpreting statistics of American Indian families. It is noted that the role of extended family in American Indian communities is very different from other extended family units within Western society[9]. The extended family often includes several households of significant relatives along both vertical and horizontal family relations that form a network of support.

Teen Parent Households

Teenage pregnancies have always corresponded with poverty as young mothers struggle to provide for themselves and their babies. In 2006, the teen birth rate in the Tohono O'odham Nation region was 21 percent, about 9 percent higher than in Arizona overall. Between 2003 and 2004, the percent of teen pregnancy dropped sharply from a high of 27 percent, to a low of 19 percent. In 2004 and 2005, the rate was 19%, which is the same as the average for American Indians in the state of Arizona.

Percentage of Children Born to Teen* Mothers, Tohono O'odham Nation Compared with American Indian in Arizona and All Residents of Arizona, 2002 – 2006.

	2002	2003	2004	2005	2006
Tohono O'odham Nation	24% (32)	27% (47)	19% (60)	19% (55)	21% (83)
American Indians in AZ	19% (1,039)	19% (1,141)	19% (1,142)	19% (1,204)	19% (1,216)
Arizona	13%	12%	12%	12%	12%

** Teen defined as 19 years and under. Source: American Community Survey (2002-2006),* ADHS American Indian Health Profiles (2006)

Babies born to teen mothers are more likely than other children to be born at a low birth weight, experience health problems and developmental delays, experience abuse or neglect, and perform poorly in school. As they grow older, these children are more likely to drop out of school, get into trouble, and end up as teen parents themselves. [10]

The state average for teenage births has remained relatively constant at around 12 percent for more than five years, but little progress has been made in reducing the prevalence of Arizona teen mothers giving birth to a second child. From 2000 to 2006, approximately 22 percent[11] of births to teen mothers were the mother's second child. In 2008, Arizona ranked 41st out of the 50 states for the highest high school drop-out rates. Many teen mothers are also challenged in the workforce to provide for their children because they lack a high school diploma. Ironically, dropout

9 Red Horse, J. (1981). American Indian families: Research perspectives. In F. Hoffman (Ed.), The American Indian Family: Strengths and Stresses. Isleta, NM: American Indian Social Research and Development Associates.

10 Annie E. Casey Foundation. KidsCount Indicator Brief: Preventing Teen Births, 2003.

11 Ibid.

prevention studies consistently identify the need for high-quality early childhood education to prevent the high school drop-out problem, which in turn is cited in the early childhood literature as one reason why children of teenage mothers often have poor early childhood outcomes themselves.

Grandparent Households

Arizona has approximately 4.1 percent of grandparents residing with one or more grandchildren, which is higher than the 3.6 percent national average.[12] As noted in the Indicators of Child Well-Being Comparison table above, 57 percent of all American Indian children and 37 percent of Tohono O'odham children are in grandparents' care. Also, for many grandparent caregivers this responsibility is a long term commitment.[13]

It is critical to note that grandparent caregivers are more likely to be poor in comparison with parent-maintained families. Furthermore, many grandparent caregivers have functional limitations that affect their ability to respond to the needs of grandchildren.[14]

Employment, Income and Poverty

Tribal governments are unique from other forms of government in the United States because they engage in business enterprises as a means of economic development. Tribal enterprises include, but are not limited to, natural resource management, tourism, artistry, construction, gaming, and other businesses. Diversity in economic enterprises allows tribes to maintain government functions and supports the local and regional economy through development, revenue sharing, employment, direct financial contributions, and contract services.

While the Nation continues to participate in ranching, mining, and some agriculture, there has been significant growth in the area of public service. Gaming has also become a major source of revenue for the Nation. Revenue is also obtained by joint business ventures and land leases with companies such as Minerec, Aura, Kitt Peak, Asarco, and Caterpillar.

Major employers on the Nation include Indian Health Services, Bureau of Indian Affairs; Tohono O'odham Nation government; two school systems (Indian Oasis-Baboquivari School District and Bureau of Indian Education (BIE) schools); Tohono O'odham Utility Authority; Gaming; and Tohono O'odham Community College. Other employment opportunities that exist on the Nation include one supermarket, one post office and other small family businesses such as cafes, gas stations, and video stores.

Employment status can impact the home and family environment. In Arizona, recent unemployment rates have ranged from a high of 6 percent in 2002 to a low of 3.8 percent in 2007. For the most recent twelve month reporting period, unemployment in Arizona has mirrored the national trend where an economic downturn has led to higher joblessness rates.

12 Grandparents Living with Grandchildren, 2000. Census Brief.
13 Ibid.
14 Ibid.

For the Tohono O'odham Nation, the unemployment rate is astronomically high. According to the U.S. Department of the Interior, Bureau of Indian Affairs, Office of Tribal Services' *American Indian Population, Labor Force Report 2003* and *2005,* the Unemployment Rate was 74 percent in 2003, and had increased to 75 percent by 2005. The 2005 report is the latest. Seventy-five percent is extremely high at 15 times the average for Arizona and the U.S., at 4.6% and 5.1% respectively, for the same year. The unemployment rate being 75% in 2005, clearly contradicts the U.S. Census data which states the percent of O'odham families living below the poverty level is 44 percent higher than households in Arizona and the U.S. It is evident that this amount of unemployment will characterize many of the families with children ages 0 – 5 years.

Unemployment Percentages for Tohono O'odham Nation Compared with Arizona and U.S., 2000 - 2007

	2000	2005
Tohono O'odham Nation, BIA Report	74%	75%
Arizona	4.0%	4.6%
U.S.	4.0%	5.1%

Source: Arizona Department of Commerce, Research Administration. Arizona Unemployment Statistics Program Special Unemployment Reports (2000-2007); U.S. Department of the Interior, Bureau of Indian Affairs, Office of Tribal Services' *American Indian Population, Labor Force Report 2003* and *2005.*

Annual Income

In Arizona, during 2005, the median household income was reported at $44,000 per year, close to the national average of $46,000 per year. That same year, the median income for Tohono O'odham Nation was over half of that, $20,509. The median income for Tohono O'odham Nation decreased while the rest of Arizona and the U.S. median income increased from 2003 – 2005.

Median[15] Annual Household Income (Per Year- Pretax)

	2003	2005
Tohono O'odham	$23,502	$20,509*
Arizona	$40,762	$44,282
U.S.	$43,564	$46,242

Source: U.S. Census 2000; American Community Survey (2005), *ADHS Primary Care Area Statistical Profile (2006)

Families in Poverty

For the following charts, it should be noted, that because the Tohono O'odham Nation does not conduct American Community Surveys (ACS) throughout the year, the U.S. Census 2000 data will be used. There are many areas of the Tohono O'odham Nation region, where the median annual income is far below federal

15 The median, or mid-point, is used to measure income rather than taking the average, because the high income households would skew the average income and artificially inflate the estimate. Instead, the median is used to identify income in the middle of the range, where there are an equal number of incomes above and below that point so the entire range can be represented more reliably.

poverty guidelines. Almost all families living on the Tohono O'odham Nation, with children 18 years of age or under, are living at or below 100 percent Federal Poverty level. In 2000, the percent of O'odham families living below 100 percent the poverty level is 44 percent higher than households in Arizona and the U.S. although this percentage, when placed against a 75 percent unemployment rate, can easily appear higher. For a family of four, the Federal Poverty level is $21,200 a year (for the 48 contiguous states and D.C.).[16] Even more O'odham families would fall below the poverty line if the population living in Sonora Mexico was included.

Families* Living at or Below the Federal Poverty Level, Tohono O'odham Nation Compared to Arizona and U.S., 2000

	Percent of Households Living At or Below 100% of the Federal Poverty Level
Tohono O'odham Nation	44%**
Arizona	10%
US	10%

*Only families with children 18 years or under were included. Source: U.S Census 2000,** KidsCount

Based on the chart below, according to the U.S. Census, 76 percent of Tohono O'odham Nation children are living at or below 200 percent of the Federal Poverty Level. This is 27 percent higher than Arizona and 40 percent higher for the U.S. This indicates that 3 out of 4 children living on the Tohono O'odham Nation are living below the poverty level in severe poverty.

Children* Living at or Below 200% Federal Poverty Level (2006)

	Percent of children living at or below 200% of the Federal Poverty Level
Tohono O'odham Nation	76%**
Arizona	42%
U.S.	36%

* Children defined as under 18 years. Source: U.S Census 2000, **KidsCount

Additional indicators of Interest to RPC

Housing

Housing is considered substandard and overcrowded in the region. There are 700 families on waiting lists and Indian Health Services (I.H.S.) estimated that 400 existing homes are without proper infrastructure. There is concern that housing issues may lead O'odham to leave for outside communities. [17]

16

17 Tohono O'odham Executive Branch Administrative Plan, 2004

Parent Educational Attainment

Studies have found consistent positive effects of parent education on different aspects of parenting such as parenting approaches, attitudes, and childrearing philosophy. Parent education can potentially impact child outcomes by providing an enhanced home environment that reinforces cognitive stimulation and increased use of language.[18] Past research has demonstrated an intergenerational effect of parental educational attainment on a child's own educational success later in life, and some studies have surmised that up to 17 percent of a child's future earnings may be linked (through their own educational achievement) to whether or not their parents or primary caregivers also had successful educational outcomes.

Approximately 22 percent of births nationally are to mothers who do not possess a high school degree and has stayed relatively consistent through the years. According to data reported from 2002 to 2006, the percent of mothers who gave birth in the Tohono O'odham Nation who had less than a high school diploma fluctuated between 40 and 52 percent. This is over twice the state and national rates over the same period of time. The state rate for births to mothers with no high school degree has remained fixed at 20 percent for the past three years.

Percentage of Live Births by Mother's Educational Attainment

		2002	2003	2004	2005	2006
Tohono O'odham Nation	No H.S. Degree H.S. Degree 1-4 years College	47% 34% 18%	52% 34% 12%	40% 40% 17%	43% 38% 18%	44% 33% 20%
Arizona	No H.S. Degree H.S. Degree 1-4 years College	20% 29% 32%	21% 29% 32%	20% 29% 32%	20% 29% 33%	20% 30% 33%
U.S.	No H.S. Degree H.S. Degree 1-4 years College	15% Data not available 21%	22% Data not available 27%	22% Data not available 27%	Data not available Data not available 27%	Data not available Data not available 27%

Source: AZ Department of Health and Human Services, Health Status Profile of American Indians in Arizona (2002 – 2006); American Community Survey (2002).

Healthy Births

Prenatal Care

Adequate prenatal care is vital in ensuring the best pregnancy outcome. A healthy pregnancy leading to a healthy birth sets the stage for a healthy infancy during which time a baby develops physically, mentally, and emotionally into a curious and energetic child. Yet in many communities, prenatal care is far below what it could be to ensure this healthy beginning. Some barriers to prenatal care in communities and

18 Hoff, E., Laursen, B., & Tardiff, T. (2002). Socioeconomic status and parenting. In M.H. Bornstein (Eds.), Handbook of parenting, Volume II: Ecology & biology of parenting (pp.161-188). Mahwah, NJ: Lawrence Erlbaum Associates.

neighborhoods include the large number of pregnant adolescents, the high number of non-English speaking residents, and the prevalence of inadequate literacy skills.[19] In addition, cultural ideas about health care practices may be contradictory and difficult to overcome, so that even when health care is available, pregnant women may not understand the need for early and regular prenatal care. [20]

Late or no prenatal care is associated with many negative outcomes for mother and child, including:

- Postpartum complications for mothers,
- A 40% increase in the risk of neonatal death overall,
- Low birth weight babies, and
- Future health complications for infants and children.

Approximately 67 percent of Tohono O'odham mothers received prenatal care in the first trimester. There are few women in this region who are reported as receiving no prenatal care, but overall, pregnant women across Arizona often fail to receive early prenatal care. According to national statistics 83 percent of pregnant women receive prenatal care in their first trimester, compared to 77 percent in Arizona[21].

One prominent indicator of whether prenatal care is obtained in the first trimester is ethnicity. In Arizona, 12 percent of Whites received no prenatal care, 24 percent of Blacks received no prenatal care, 30 percent of Hispanics received no prenatal care, and 32 percent of American Indians received no prenatal care.[22] Any effort to increase prenatal care should consider these large ethnic differences. There are many barriers to the use of early prenatal care, including: lack of general health care, transportation, poverty, teenage motherhood, stress, and domestic violence.[23]

Selected Characteristics of Newborns and Mothers (2006)

Tribe/ Nation	Total births	Teen Mother (</=19yr)	Prenatal Care 1st Trimester*	No Prenatal Care	Public $	LBW <2500**	Unwed Mothers
Tohono O'odham Nation on reservation	392	83 (21%)	263 (67%)	19 (5%)	334 (85%)	31 (8%)	329 (84%)
Total AI on Reservation Births	4,063	818	2,557	133	3,599	288	3,156

19 Ashford, J. , LeCroy, C. W., & Lortie, K. (2006). Human Behavior in the Social Environment. Belmont, CA: Thompson Brooks/Cole.
20 LeCroy & Milligan Associates (2000). Why Hispanic Women fail to seek Prenatal care. Tucson, AZ.
21 Child Health USA 2003, U. S. Department of Health and Human Services, Health Research and Services Administration.
22 Arizona Department of Health Services, Health disparities report, 2005.
23 http://www.cdc.gov/reproductivehealth/products&pubs/dataoaction/pdf/rhow8.pdf

* First trimester prenatal care serves as a proxy for births by number of prenatal visits and births by trimester of entry to prenatal care.** Low Birth Weight (LBW) serves as a proxy for preterm births (<37 weeks). Source: Health Status Profile of American Indians in Arizona, Arizona Department of Health Services/Division of Public Health Services, Arizona Vital Statistics (2006).

The Indian Health Service reports a larger number of patients attend prenatal visits at the San Xavier clinic than at the Sells clinic. Over 624 patients were reported to receive prenatal care between June of 2007 and May of 2008 at these three clinics combined, for a total of 3,840 visits.

Number of Prenatal Visits and Patients to Tohono O'odham Obstetric Clinics June 2007 – May 2008.

Hospital or Clinic	# Visits	# Patients
Sells	1,569	270
San Xavier	2,107	323
Santa Rosa	164	31
Total	3,840	624

Source: Indian Health Services, Tucson Area, Sells Service unit (2008)

Low Birth-Weight Babies

Low birth weight and very low birth weight (defined as less than 3lbs, 4 oz.) are leading causes of infant health problems and death. Many factors contribute to low birth weight. Among the most prominent are: drug use during pregnancy, smoking during pregnancy, poor health and nutrition, and multiple births. The Tohono O'odham Nation low birth rate for 2006 was 8 percent for on reservation births and 7 percent overall.

The Centers for Disease Control reports that low birth-weight births have been rising over the past several years. Arizona is producing fewer low birth-weight babies each year. Studies have suggested that Arizona's lower than average incidence of pregnant women who smoke cigarettes accounts for better outcomes regarding birth-weight than is seen in other cities in the United States. In 2004, the national incidence of pregnant women who smoked cigarettes was over 10 percent, while the Arizona rate was only 5.9 percent. For those women who do smoke during their pregnancies, white teenagers seem to have the highest prevalence for this behavior, at 30 percent nationally.

Pre-term Births

Pre-term births—defined as birth before 37 weeks gestation—account for nearly one-half of all congenital neurological defects such as cerebral palsy, and more than two thirds of infant deaths.[24] Because these indicators are closely linked, low birth weight can be considered as a proxy for pre-term births. Low birth weight has a direct link to the gestational age at which the child is born. Overall, the rates of premature birth have been rising in the U.S. over the past twenty years, with some

24 Johnson, R. B., Williams, M. A., Hogue, C.J.R., & Mattison, D. R. Overview: New perspectives on the stubborn

studies pointing to advances in neonatal care capabilities, as well as a higher incidence of caesarian sections that are not medically necessary, as contributing to these rates. The rate of pre-term births in the United States has increased 30 percent in the past two decades.[25] One half of all pre-term births have no known cause. One factor to consider is that, since 1996, the caesarean section rate has risen to 30 percent, with the latest studies showing that 92 percent of babies delivered by C-section from 1996 to 2004 were judged after birth to be "late preterm", meaning they were born after thirty-four to thirty-seven weeks of pregnancy as opposed to the typical thirty-eight to forty-two weeks.[26] On the Tohono O'odham Nation in 2006, approximately 8% of births were low-birth weight, as noted in the Selected Characteristics of Newborns and Mothers table above.

Births to Teen Mothers

About 10 percent of American teen girls between the ages of 15 and 19 become pregnant each year. It is startling to consider that one in five 14-year-old girls become pregnant before reaching the age of 18.[27] Once a young woman becomes pregnant, the risk of a second pregnancy increases. About one-third of adolescent mothers have a repeat pregnancy within two years.[28] A repeat teen birth comes with a significant cost to the teenage mothers themselves and to society at large. Teen mothers who have repeat births, especially closely spaced births, are less likely to graduate from high school and more likely to live in poverty and receive welfare when compared with teen parents who have only one child.[29] In spite of a declining teen birth rate, teenage parenthood is a significant social issue in this country. Teen parents face significant obstacles in being able to rear healthy children. Teen parents are generally unprepared for the financial responsibilities and the emotional and psychological challenges of rearing children.

According to data from 2006, the percentage of Tohono O'odham mothers ages 19 years or younger is about 21 percent, with 84% percent of mothers unwed.[30]

Health Insurance Coverage and Utilization

Medical coverage is provided to Tohono O'odham Nation families through the Indian Health Services (IHS), the Arizona Health Care Cost Containment System (AHCCCS) (equivalent to Medicaid), and private insurance through employers. The Indian Health Service (IHS), an agency within the Department of Health and Human Services, provides federal health services to American Indians and Alaska Natives who are enrolled members of federally recognized tribes. The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes. This relationship, established in 1787, is based on Article I, Section 8 of the Constitution,

25 Mayo Clinic. Premature births, November, 2006.
26 Preliminary births for 2005: Infant and Maternal Health National center for Health Statistics.
27 Center for Disease Control, fact sheet, 2001.
28 Kaplan, P. S., Adolescence, Boston, MA, 2004.
29 Manlove, J., Mariner, C., & Romano, A. (1998). Positive educational outcomes among school-age mothers. Washington DC: Child Trends.
30 Health Status Profile of American Indians in Arizona, Arizona Department of Health Services/Division of Public Health Services, Arizona Vital Statistics (2006).

and has been given form and substance by numerous treaties, laws, Supreme Court decisions, and Executive Orders.[31] It should be noted that I.H.S. monies are never enough to provide full coverage for Native Americans, so secondary forms of payment such as AHCCCS and private insurance are sought first.

Uninsured Children

Health insurance significantly improves children's access to health care services and reduces the risk that illness or injury will go untreated or create economic hardships for families. Having a regular provider of health care promotes children's engagement with appropriate care as needed. Research shows that children receiving health care insurance[32]:

- Are more likely to have well-child visits and childhood vaccinations than uninsured children;
- Are less likely to receive their care in the emergency room; and
- Do better in school.

When parents can't access health care services for preventive care such as immunizations, there may be delayed diagnosis of health problems, failure to prevent health problems, or worsening of existing conditions.[33] Furthermore, good health promotes the academic and social development of children because healthy children engage in the learning process more effectively.[34]

From 2001 to 2005, Arizona had a higher percentage of children without health insurance coverage compared to the nation. One reason that Arizona children may be less likely than their national counterparts to be insured is that they may be less likely to be covered by health insurance through their families' employer. In Arizona, 48 percent of children (ages 0-18) receive employer-based coverage, compared to 56 percent of children nationally.[35]

Percentage of Children (0-5 years) without Health Insurance Coverage

	2001	2002	2003	2004	2005
Arizona	14%	14%	13%	14%	15%
U.S.	10%	10%	10%	10%	10%

Source: Kids Count

The chart below shows percentage of Tohono O'odham children enrolled in AHC-

31 Indian Health Services. www.ihs.gov. accessed 7/08

32 Johnson, W. & Rimaz, M. Reducing the SCHIP coverage: Saving money or shifting costs. Unpublished paper, 2005. Dubay, L., & Kenney, G. M., Health care access and use among low-income children: Who fares best? Health Affairs, 20, 2001, 112-121. Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2006 and 2007 Current Population Survey. Arizona Department of Health Services, Community Health Profile, Phoenix, 2003.

33 Chen, E., Matthews, K. A., & Boyce, W. T. , Socioeconomic differences in children's health: How and why do these relationships change with age? Psychological Bulletin, 128, 2002, 295-329.

34 National Education Goals Panel. Reconsidering children's early developmental and learning: Toward common views and vocabulary. Washington DC.

35 Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2006 and 2007 Current Population Survey. Arizona Department of Health Services, Community Health Profile, Phoenix, 2003.

CCS or KidsCare—Arizona's publicly funded, low cost health insurance programs for children in low income families. In 2005, the Nation had one percent higher enrollment in AHCCCS than the rest of the state and a lower percent of children enrolled in KidsCare. Children who are enrolled members of a federally recognized tribe can also access medical care through Indian Health Services. It is important to note that due to the low funding I.H.S. receives from the federal government, I.H.S. has to draw funds from the state and private insurances before tapping into its own funds to support Native American health care.

Tohono O'odham Nation Percentage of Population Enrolled in AHCCCS, KidsCare, Medicare and Transportation Score Compared with County and Arizona, 2005

	AHCCCS	KidsCare	Medicare	Transportation Score
Tohono O'odham Nation	19%	3%	13%	266
Arizona	18%	4%	11%	121

Sources: AHCCCS Report AHAHX431 (2005); KidsCare, Report AHAHR431, percent of 2005 population 0 – 19 yrs (2005); Centers for Medicare and Medicaid Services, Dept of Health and Human Services (2003); Adequacy of transportation part of Primary Care index. The higher the score the less adequate or greater the need for transportation

The ADHS Primary Care Profiles also provide transportation scores for regions, the higher the score the less adequate or the greater the need for transportation to access health care needs and services. The Tohono O'odham Nation has a high score, at 266, more than double, compared to the state average of 121, which reflects one of the Nation's major obstacles (transportation) to access to quality health care, preventive services.

While many children do receive public health coverage, many others who likely qualify, do not. In 2002, the Urban Institute's National Survey of America's Families estimated that one-half of uninsured children in the United States are eligible for publicly funded health insurance programs (like AHCCCS or KidsCare in Arizona), but are not enrolled.[36] Indeed, the large percent of families who fall below 200 percent of the Federal Poverty Level in the region suggest that many children are likely to qualify for public coverage. National studies suggest that these same children are unlikely to live in families who have access to employer-based coverage.[37]

Health coverage is not the only factor that affects whether or not children receive the care that they need to grow up healthy. Other factors include: the scope and availability of services that are privately or publicly funded; the number of health care providers including primary care providers and specialists; the geographic proximity of needed services; and the linguistic and cultural accessibility of services.

Lack of health coverage and other factors combine to limit children's access to health services. For example, according to a 2007 report by the Commonwealth Fund, only 36 percent of Arizona children under the age of 17 had a regular doctor and at least one well check visit in the last year. According to the same study, only

36 Genevieve Kenney, et al, "Snapshots of America's Families, Children's Insurance Coverage and Service Use Improve," Urban Institute, July 31, 2003.

37 Long, Sharon K and John A. Graves. "What Happens When Public Coverage is No Longer Available?" Kaiser Commission on Medicaid and the Uninsured, January 2006.

55 percent of children who needed behavioral health services received some type of mental health care in 2003.[38]

Medical Health Insurance Utilization

While a variety of factors ultimately influence access to health care, health coverage does play an important role in ensuring that children get routine access to a doctor or dentist's office. For example, the chart below shows that for children under age five enrolled continuously in AHCCCS in Arizona, 78 percent received at least one visit to a primary care practitioner (such as a family practice physician, a general pediatrician, a physician's assistant, or a nurse practitioner) during the year in 2007.

Percent of Children (ages 12-months – 5 years) Continuously Enrolled in AHCCCS Receiving one or More Visits to a Primary Care Practitioner

	Tohono O'odham Nation	Arizona
2005	No data available	78%
2006		78%
2007		78%

Source: AHCCCS. Note: Continuously enrolled refers to children enrolled with an AHCCCS health plan (acute or ALTCS) 11 months or more during the federal fiscal years 2005, 2006, 2007.

There is no data for the Tohono O'odham Nation on the percent of all children ages 1 – 5 years with continuous coverage by AHCCCS who have visited a primarily care provider. However, enrollment in Head Start helps ensure access to medical and dental care. Head Start requires children enrolled in its program to receive well child and oral health visits. AHCCCS covers 96 percent of the Head Start children in the region and 86 percent were up to date on their physical exams in 2007.[39]

Oral Health Access and Utilization

Access to dental care is also limited for young children in both the state and the region. Outside of I.H.S. and Head Start data, there is no data available for the Tohono O'odham Nation region. However, the chart below provides a snapshot of oral health access and utilization through the Tohono O'odham Nation Head Start Program.

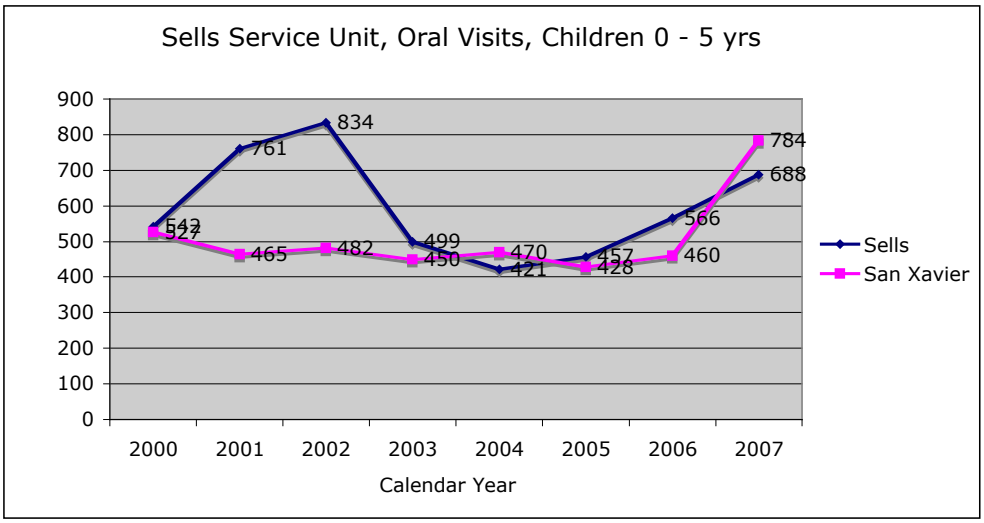
Tohono O'odham Nation, Oral Health Access and Utilization, Head Start Program Children, 3 – 5 yrs, 2006 – 2007.

2006-2007	Number of Children	Continuous Accessible Care	Completed Exam	Preventive Care	Needed Treatment	Received Treatment (of those who needed)
Tohono O'odham Nation	249	239 96%	205 82%	205 82%	21 10%	21 100%

Source: Head Start Performance Information Report Program Year (2006-2007)

38 Commonwealth Fund. State Scorecard on Health Care System Performance, 2007.
39 Head Start Performance Information Report Program Year (2006-2007)

Indian Health Services (IHS) is the primary source of medical and dental care for the Tohono O'odham Nation. The table below indicates the number of IHS reported oral health visits from 2000 – 2007. There were 784 and 688 visits respectively, at San Xavier and Sells in 2007.



Source: I.H.S. Tucson Area Office, 2008

Access to oral health care is even more challenging for families with special needs children. According to a statewide Health Provider Survey report released in 2007, a large majority (78%) of Arizona dental providers surveyed in 2006 (N =729 or 98% of all AHCCCS providers) said they did not provide dental services to special needs children because they did not have adequate training (40%), did not feel it was compatible with the environment of their practices (38%), or did not receive enough reimbursement to treat these patients (19%). The Provider survey report recommended more training for providers to work with Special Needs Plans (SNP), collaborating with Arizona Dental Association (ADA) and Arizona Department of Health and Human Services (ADHS) to increase the number of providers who accept young children.

Child Safety

All children deserve to grow up in a safe environment. Unfortunately, not all children are born into a home where they are well-nurtured and free from parental harm. Additionally, some children are exposed to conditions that can lead to preventable injury or death, such as excessive drug/alcohol use by a family member, accessible firearms, unfenced pools, or lack of supervision.

Over the years, a number of federal policies have had a devastating effect on the preservation of American Indian families. An example includes the policy of forcibly removing Indian children from their families and into federal boarding schools, with the goal of assimilating them into mainstream American society. Based on nationwide studies conducted between 1969 and 1974, 25 percent to 35 percent of Indian children were removed from their homes and placed in non-Indian foster or adoptive homes by state courts and welfare agencies. In 1978, Congress passed Indian Child

Welfare Act, commonly known as ICWA. The purpose of ICWA is to: 1.) to promote the stability and security of Indian tribes and their families; 2.) to protect the best interests of Indian children, 3.) to protect Indian identity and culture, and 4.) to provide assistance to tribes in the operation of services programs to children and their families.

Child Abuse and Neglect

Child abuse and neglect can result in both short-term and long-term negative outcomes for children. A wide variety of difficulties have been documented for victims of abuse and neglect, including mental health difficulties such as depression, aggression, and stress. Direct negative academic outcomes (such as low academic achievement; lower grades, lower test scores, learning difficulties, language deficits, poor schoolwork, and impaired verbal and motor skills) have also been documented. Furthermore, child abuse and neglect have a direct relationship to physical outcomes such as ill health, injuries, failure to thrive, and somatic complaints.[40]

The following data illustrates the problem of abuse and neglect in Arizona and the significant number of children that are placed at greater risk for poor school performance, frequent grade retention, juvenile delinquency and teenage pregnancy, as child abuse and neglect are strongly linked with these negative outcomes for children. The data provided in this report includes tribal, state and county level data for children under age eighteen.

When Child Protective Services (CPS) receives a referral, in most cases, the referral is investigated. Upon completion of an investigation, the allegations are either substantiated or unsubstantiated. Upon completion of an investigation, the allegations cannot be proven. In most cases of unsubstantiated allegations, the cases are closed. If CPS has concerns and are unable to substantiate child abuse and neglect, they may refer the parent or caregiver to community services, although a case with CPS would not remain open. The number of reports that are considered substantiated are a subset of the total number of reports that were received, investigated, and closed during the reporting period.

The chart below shows the child abuse reports and fatalities for 2005 and 2006 for Arizona and nationally.

Child Abuse and Neglect

	2005		2006	
Arizona	Reports	37,546	Reports	34,178
	Fatalities	50	Fatalities	60
U.S.	Reports	44* (3M)	Reports	48* (3.6M)
	Fatalities	1.86** (1,460)	Fatalities	2.04** (1,530)

40 References for this section: Augoustios, M. Developmental effects of child abuse: A number of recent findings. Child Abuse and Neglect, 11, 15-27; Eckenrode, J., Laird, M., & Doris, J. Maltreatment and social adjustment of school children. Washington DC, U. S. Department of Health and Human Services; English, D. J. The extent and consequences of child maltreatment. The Future of Children, Protecting Children from abuse and neglect, 8, 39-53.; Lindsey, D. The welfare of children, New York, Oxford University Press, 2004; National Research Council, Understanding child abuse and neglect. Washington DC: National Academy Press; Osofsky, J. D. The impact of violence on children. The Future of children, 9, 33-49.

*Calculated as the rate for every 1,000 children in the population to account for population growth with actual numbers of incidents in parentheses.
**Calculated as the rate for every 100,000 children in the population to account for population growth with actual numbers of incidents in parentheses.
Sources: Department of Health and Human Services; Arizona Child Fatality Review Board, Children's Action Alliance

The charts below provide a history of child abuse reports received for the Tohono O'odham Nation, Child Welfare Division. In 2007, a total of 186 reports of maltreatment were received over a 9 month period for ages 0-5 years of age. For all ages, there were 624 reports. What this indicates that for 2007, 29% of the Nation's children were 0-5 years old. In 2008, there were a total of 360 reported cases for all the Nation's children over a 9 month period.

Child Abuse and Neglect Reports for the Tohono O'odham Nation for Ages Birth through 5 Years of Age 2007

	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sept.	Total
# of reports received	24	18	20	31	20	13	17	20	17	186

Source: The Tohono O'odham Nation Department of Health and Human Services, Child Welfare Division

Child Abuse and Neglect Reports for the Tohono O'odham Nation for All Ages, 2007

	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sept.	Total
# of reports received	69	83	78	90	97	35	45	66	61	624

Source: The Tohono O'odham Nation Department of Health and Human Services, Child Welfare Division

Child Abuse and Neglect Reports for the Tohono O'odham Nation for All Ages, 2008

	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sept.	Total
# of reports received	37	57	50	56	48	15	31	49	17	360

Source: The Tohono O'odham Nation Department of Health and Human Services, Child Welfare Division

In any given year, more than three million child abuse and neglect reports are made across the United States, but most child welfare experts believe the actual incidence of child abuse and neglect is almost three times greater, making the number closer to 10 million incidents each year. In 2006, 3.6 million referrals were made to Child Protective Service agencies (CPS) nationally, involving more than 6 million children. While 60 percent of these referrals were determined to be "unsubstantiated" according to CPS criteria, and only 25 percent of cases resulted in a substantiated finding of neglect or abuse, research continues to show that the line between a substantiated or unsubstantiated case of abuse or neglect is too often determined by: a lack of resources to investigate all cases thoroughly; lack of training for CPS staff where employee turnover rates remain high; lack of evidence to substantiate allegations in reports, and a strained foster care system that is already beyond its capacity and would be completely overwhelmed by an increase in child removals from families.

The youngest children suffer from the highest rates of neglect and abuse, as shown below:

- Birth to 1 year 24 incidents for every 1,000 children,
- 1-3 years 14 incidents for every 1,000 children,
- 4-7 years 14 incidents for every 1,000 children, and
- 8-11 years 11 incidents for every 1,000 children.

According to overall child well-being indicators, in 2005 Arizona ranked 36th out of the 50 states, with child abuse and neglect a leading reason for the state's poor ranking. In the following year, Arizona's Child Fatality Review Board issued its annual report for 2005, which showed that 50 Arizona children died from abuse or neglect. Contributing factors in these deaths included caretaker drug/alcohol use (31%), lack of parenting skills (31%), lack of supervision (27%), a history of maltreatment (20%) and domestic violence (15%). Only 11 percent of the children who died had previous Child Protective Services involvement.

Foster Care Placements

Foster care is utilized when a child has been removed from his or her home and has been taken into protective custody by Child Protective Services (CPS). A dependency is filed with the Court. In the dependency, it is stated that there is no parent willing or able to parent the child. As the department works with the parents to return the child safely to the home, foster care services may be utilized, if there is no relative placement for the child. Foster care has increasingly become an important aspect of the child welfare system. The extent to which foster care is being used in different communities reflects the resources available to provide needed care to vulnerable children. The majority of children in out-of-home care across the state of Arizona are either White (42%) or Hispanic (35%), followed by African American (13%).

Problems with the foster care system have led to efforts at reform. Efforts have included new methods for keeping children safe in their own homes, provision of kinship care, and family foster care.[41] The Department of Economic Security is working to embed the Casey Foundation's Family to Family initiative into Arizona's child welfare practice. This is a nationwide child welfare initiative, and one of the core strategies in the recruitment, development, and support of resource families that focuses on finding and maintaining kinship and foster families who can support children and families in their own neighborhoods.

One of the major goals for the Child Welfare Division is to place O'odham children with O'odham families so as to strengthen linguistic and cultural ties. From January 2007 to August 2008, there were 24 children ages birth-5 years of age placed in foster care, which could be either on or off the Nation. For those children who are off the Nation, the Child Welfare Division assigns an ICWA (Indian Child Welfare Act) caseworker to assess the well-being of the child and make all attempts to bring the child back to the Nation to attend cultural events. Due to the high ratios of children to ICWA caseworkers, this is unfortunately, not always possible, and the child loses connection to his/her culture.

41 Family to Family Tools for Rebuilding Foster Care, A Project of the Annie E. Casey Foundation July 2001.

Tohono O'odham Nation, Ages Birth to 5 Years of Age, Child Placements in Foster Care

	January 2007	August 2008
Tohono O'odham Nation	24*	

*Based on total number of children removed from the home ages 0-5 years

Sources: The Tohono O'odham Nation Department of Health and Human Services, Child Welfare Division

Child Mortality

The infant mortality rate can be an important indicator of the health of communities. Infant mortality is higher for children whose mothers began prenatal care late or had none at all, those who did not complete high school, those who were unmarried, those who smoked during pregnancy, and those who were teenagers.[42] Furthermore, children living in poverty are more likely to die in the first year of life. For example, children living in poverty are more likely to die from health conditions such as asthma, cancer, congenital anomalies, and heart disease.[43] In Arizona as well as the rest of the nation, many factors that lead to a young child's death are related to health status, such as a pre-existing health condition, inadequate prenatal care, or even the lifestyle choices of the parent. Another area of concern includes factors such as injury, which is, unfortunately, in many circumstances, preventable. The table below provides information on the total number of child deaths in Arizona and U.S. for children under the age of four.

According to the Tohono O'odham Nation Department of Health and Human Services, Child Welfare Division, from October 2007 to September 2008, there have been zero deaths for the Nation's children age 0 – 5 yrs.

Tohono O'odham Nation, Ages Birth to 5 Years of Age, Deaths

	October 2007	September 2008
Tohono O'odham Nation	0*	

*Based on total number of children removed from the home ages 0-5 years

Sources: The Tohono O'odham Nation Department of Health and Human Services, Child Welfare Division

Sources: CDC, Arizona Department of Health Services, Health Status Profile of American Indians in Arizona, 2006 Data Book.

* Data only available for 0-14 population.

Indian Health Services data was on the causes of child death for the 0-1 age group available for Sells, Arizona. The table below suggests that congenital anomalies and sudden infant death syndrome are the most common causes of infant death for this age range.

42 Mathews, T. J., MacDorman, M. F., & Menacker, F. Infant mortality statistics from the 1999 period linked brith/infant death data set. In National vital statistics report (Vol. 50), National Center for Health Statistics.

43 Chen, E., Matthews, K. A., & Boyce, W. T. Socioeconomic differences in children's health: How and why do these relationsips change with age? Psychological Bulletin, 129, 2002, 29-329; Petridou, E., Kosmidis, H., Haidas, S., Tong, D., Revinthi, K., & Flytzani, V. Survival from childhood leukemia depending on socioeconomic status in Athens. Oncology, 51, 1994, 391-395; Vagero, D., & Ostberg, V. Mortality among children and young persons in Sweden in relation to childhood socioeconomic group. Journal of Epidemiology and Community Healthy, 43, 1989, 280-284; Weiss, K. B., Gergen, P. J., Wagener, D. K., Breathing better or wheezing worse? The changing epidemiology of asthma morbidity and mortality. Annual Review of Public Health, 1993, 491-513.

Pediatric Mortality, 0 – 1 year by cause, Sells, 2002.

	Sells (%)
Congenital Anomalies	40
Sudden Infant Death Syndrome	40
Premature	20
Motor Vehicle Crash	22
Firearms	12

Source: I.H.S. Pediatric Mortality Review and I.H.S. Health Status Reports, 2002

Future areas of interest to the RPC

- Data on the number of children in the child welfare system accessing childhood development and health programs.
- Data on the number of children with incarcerated parents.

Children's Educational Attainment

School Readiness

Early childhood programs can promote successful school readiness especially for children in low-income families. Research studies on early intervention programs for low income children have found that participation in educational programs prior to kindergarten is related to improved school performance in the early years.[44] Furthermore, research indicates that when children are involved in early childhood programs over a long period of time, with additional intervention in the early school years, better outcomes can emerge.[45] Long-term studies have documented early childhood programs with positive impact evident in the adolescent and adult years.[46] Lastly, research has confirmed that early childhood education enhances young children's social developmental outcomes such as peer relationships.[47]

Generally, child development experts agree that school readiness encompasses more than acquiring a set of simple skills such as counting to ten by memory or identifying the letters of the alphabet. Preparedness for school includes the ability to problem-solve, self confidence, and willingness to persist at a task. While experts identify such skills as being essential to school readiness, the difficulty comes in attempting to quantify and measure these more comprehensive ideas of school readiness. Currently, no instrument exists that sufficiently identifies a child's readiness for school entry. Although Arizona has a set of Early Learning Standards (an agreed upon set of concepts and skills that children can and should be ready to do at the

44 Lee, V. E., Brooks-Gunn, J., Shnur, E., & Liaw, F. R. Are Head Start effects sustained? A longitudinal follow-up comparison of disadvantaged children attending Head Start, no preschool, and other preschool programs. Child Development, 61, 1990, 495-507l; National Research Council and Institute Medicine, From neurons to neighborhoods: The science of early childhood development; Reynolds, A. J. Effects of a preschool plus follow up intervention for children at risk. Developmental Psychology, 30, 1994, 787-804.

45 Reynolds, A. J. Effects of a preschool plus follow up intervention for children at risk. Developmental Psychology, 30, 1994, 787-804.

46 Campbell, F. A., Pungello, E. P., Miller-Johnson, S., Burchinal, M., & Ramey, C. T. The development of cognitive and academic abilities: Growth curves from an early childhood educational experiment. Developmental Psychology, 37, 2001, 231-242

47 Peisner-Feinberg, E. S., Burchinal, M. R., Clifford, R. M., Culkin, M. L., Howes, C., Kagan, S. L., et al The children of the cost, quality, and outcomes study go to school: Technical report, 2000, University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center.

start of kindergarten), current assessment of those learning standards have not been validated nor have the standards been applied consistently throughout the state.

One component of children's readiness for school consists of their language and literacy development. Alphabet knowledge, phonological awareness, vocabulary development, and awareness that words have meaning in print are all pieces of children's knowledge related to language and literacy. One assessment that is used frequently across Arizona schools is the Dynamic Indicators of Basic Early Literacy Skills (DIBELS). The DIBELS is used to identify children's reading skills upon entry to school and to measure their reading progress throughout the year. The DIBELS often tests only a small set of skills around letter knowledge without assessing other areas of children's language and literacy development such as vocabulary or print awareness.

The results of the DIBELS assessment should not be used to assess children's full range of skills and understanding in the area of language and literacy. Instead, it provides a snapshot of children's learning as they enter and exit kindergarten. Since all schools do not administer the assessment in the same manner, comparisons across communities cannot be made. In the specific area of language and literacy development assessed, the data in the following chart indicate that only a small percentage of children entering kindergarten were meeting the benchmark standard but at the end of the year significant progress was made.

Some of the DIBELS scores available for the Tohono O'odham Nation are provided by an off-Nation school district, Sunnyside School District, in Tucson, AZ. These scores are for tribal members who attend Sunnyside Schools but live on the Nation.

Basic Early Literacy as Measured by DIBELS, Arizona Reading First Schools and Tohono O'odham Tribal Members in Sunnyside School District, 2006 – 2007.

SFY 2006-2007 Kindergarten DIBELS

	Beginning of the Year			End of the Year		
	% Intensive	% Strategic	% Benchmark	% Intensive	% Strategic	% Benchmark
AZ Reading First Schools	52%	35%	13%	10%	12%	78%
TO Nation Region	No data available					
Sunnyside	No data available	No data available	No data available	14%	0	78%

Source: AZ Reading First Schools and Sunnyside School District (2006- 2007)

There are also many Tohono O'odham students who attend the Tucson Unified School District and the Ajo School District. Many of these students live on the reservations, though this may not be reflected in their mailing addresses. Students often have P.O. boxes located in nearby towns.

The majority of Tohono O'odham Nation children living on the Nation attend schools run by the Bureau of Indian Education (BIE) or the Indian Oasis – Baboquivari School District. There is minimal information available for students who attend

schools in these districts. Early literacy testing results for a small sample of students attending BIE schools suggest that many students in the region struggle with initial sounds, letter names, and letter sounds.[48]

Elementary Education

Children who cannot read well by the fourth grade are more likely to miss school, experience behavior problems, and perform poorly on standardize tests. The performance of Arizona's children on standardized tests continually lags behind that of the nation. Data is available for the Tohono O'odham Nation region on the Arizona's Instrument to Measure Standards Dual Purpose Assessment (AIMS DPA). The AIMS DPA is used to test Arizona students in Grades 3 through 8. This assessment measures the student's level of proficiency in Writing, Reading, and Mathematics and provides each student's national percentile rankings in Reading/Language and Mathematics. In addition, Arizona students in Grades 4 and 8 are given a Science assessment.[49] The chart below shows how students at the Indian Oasis Primary School performed on these measures for the 2005-2006 school year. Fifty-seven percent of third grade children attending Indian Oasis Primary School met or exceeded the standard in mathematics, 46 percent met or exceeded the standard in writing, and 37 percent met the standard in reading. Over 50 percent of students were not meeting standards in reading and writing, with the most students, 63 percent, struggling with reading.

AIMS DPA 3rd Grade Score Achievement Levels in Mathematics, Reading, and Writing, 2005-2006

School District	Mathematics				Reading				Writing			
	FFB	A	M	E	FFB	A	M	E	FFB	A	M	E
Indian Oasis Primary School	8%	34%	47%	10%	12%	51%	37%	NA	10%	43%	44%	2%

Arizona Department of Education AIMS Spring 2007 Grade 03 Summary

FFB = Falls Far Below the Standard, A = Approaches the Standard, M = Meets the Standard, and E = Exceeds the Standard

Bureau of Indian Education (BIE) schools are required to have accountability measures in place to determine if they are making adequate yearly progress, as required under No Child Left Behind. The tables below provide Student Achievement in Reading and Math data for three K-8 schools from the BIE School Report Cards for 2006-2007. This data is based on BIE proficiency levels. Results suggest that a majority of students tested at the basic level for reading and math, though there was some variation between the schools for which information was available. Very few students were reported to be performing at the advanced level in either subject area.

48 Kindergarten Summary Report Santa Rosa Boarding School (2007 – 2008)

49 Spring 2008 Guide to Test Interpretation, Arizona's Instrument to Measure Standards Dual Purpose Assessment, CTB McGraw Hill.

Bureau of Indian Education Schools, Annual Report Card, Student Achievement SY 2006 – 2007*

Reading						
	# of Students	Participation Rate %	Basic %	Proficient %	Advanced %	Proficient + Advanced %
Santa Rosa Boarding School K - 8	138	100%	59%	39%	1%	41%
Santa Rosa Ranch School, K - 8	33	94%	90%	10%	0%	10%
San Simon School, K- 8	131	100%	73%	27%	0%	27%

Math						
	Number of Students	Participation Rate %	Basic %	Proficient %	Advanced %	Proficient + Advanced %
Santa Rosa Boarding School, K – 8	138	99%	71%	28%	1%	29%
Santa Rosa Ranch School, K – 8	33	97%	69%	31%	0%	31%
San Simon, K -8	130	100%	74%	26%	0%	26%

*Does not include all schools in the region.

Source: US Department of Interior, Bureau of Indian Education, 2006 – 2007 School Report Cards, (2008)

Secondary Education

The completion of high school is a critical juncture in a young adult's life. Students who stay in school and take challenging coursework tend to continue their education, stay out of jail, and earn significantly higher wages than their non-graduating counterparts.[50]

The chart below provides the graduation rates for Tohono O'odham students in the Indian Oasis and Sunnyside School Districts. Compared with the state and national data, the Indian Oasis districts have a significantly lower graduation rate, with the American Indian population at Sunnyside graduating at a rate closer to the state average. The tables do not include fifth year graduates.

High School Graduation Rates, by School Districts, for Tohono O'odham Nation 2006

High School Districts	Total # Graduates	Total # in Cohort	Graduation Rate
Indian Oasis -Baboquivari	50	118	42%
Bureau of Indian Education	NA	NA	NA
Sunnyside School District	345	447	77%
Arizona*	50,355	71,691	70%

* This include all American Indian students the majority of whom are Tohono O'odham

50 Sigelman, C. K., & Rider, E. A., Life-span development, 2003, Pacific Grove, CA: Wadsworth.

Source: Arizona Department of Education (2005)** and National Center for Education Statistics (2005)***

High School Graduation Rates, by School Districts, for Tohono O'odham Nation 2005

High School Districts	Total # Graduates	Total # in Cohort	Graduation Rate
Indian Oasis-Baboquivari	48	99	48%
Bureau of Indian Education	NA	NA	NA
Sunnyside School District*	324	457	71%
Arizona**	50,923	68,498	74%
United States***	2,799,250	3,747,323	75%

* This include all American Indian students the majority of whom are Tohono O'odham

Source: Arizona Department of Education (2005)** and National Center for Education Statistics (2005)***

High School Graduation Rates, by School Districts, for Tohono O'odham Nation 2004

TRIBE HS Districts	Total # Graduates	Total # in Cohort	Graduation Rate
Baboquivari HS	42	97	43%
Tohono O'odham BIE	NA	NA	NA
Sunnyside HS	NA	NA	NA
Arizona*	47,071	61,450	77%
United States**	2,753,438	3,705,838	74%

Many factors contribute to poor attendance and low graduation rates, including transportation issues, family challenges, frequent moves, and teens' perceptions of the value of completing high school. In focus groups conducted with teens at two tribal schools in Arizona (not Tohono O'odham), the primary motivating factors students identified for attending school were to be with their friends, to participate in sports, to alleviate boredom, for specific classes that they like and because their parents want them to come.[51] Conversations with Tohono O'odham teens and their families may reveal other challenges or incentives that could be addressed by the community to help students complete high school.

51 LeCroy & Milligan Associates, Native American Dropout Prevention Initiative Year 2 Evaluation Report, 2008.

Current Regional Early Childhood Development and Health System

A number of states have been increasingly concerned about access to quality early care and education. There are different types of early care and education providers that serve the Tohono O'odham Nation. There are no nationally accredited centers on the Tohono O'odham Nation itself, though findings suggest some families' access tribally approved centers/providers on and off of the reservation. The Nation also has 6 Head Start programs which are required to meet specific guidelines. Costs of child care, among other barriers, including transportation issues, may impact families' access to quality care. Salaries and retention rates for early care providers in the region have also remained low.

The Tohono O'odham Nation region has a number of family support services and programming. Some of these services provide opportunities each year for the public to learn more about and get involved with early education efforts. However, for many of these programs and services, there is a need to create material promoting early childhood development and health, in addition to using the local radio station and upcoming official website to provide program information and announcements. Although some service providers work collaboratively to provide age-appropriate services along the spectrum of care for a family with young children, system coordination is still an area for improvement in the region.

In regard to health and well-being, the majority of families of the Tohono O'odham Nation receive basic in-patient and out-patient care through the Indian Health Services. While many families and children receive the care they need, communication issues, minimal system coordination, high staff turnover rates, and issues with funding for re-evaluations were noted as possible concerns impacting health screenings and referrals in the region. Three specific threats to the health of the Nation were also identified by the region: diabetes, chemical dependency and insufficient neonatal care.

Quality

A number of states have been increasingly concerned about creating high quality early care and education. This concern makes sense for a number of reasons. First, child care needs are growing because a majority of children ages 0-5 years of age participate in regular, non-parental child care. In one study, 61 percent of young children participated in some form of child care. Furthermore, 34 percent participated in some type of center-based program.[52] Second, child care is a growing industry. Increasing maternal employment rates and policies due to welfare reform have increased demand. Third, research has found that high quality child care can be associated with many positive outcomes including language development and cogni-

52 Federal interagency forum on child and family statistics. America's children: Key national indicators of well-being, 2002. Washington DC.

tive school readiness.[53] Quality care is often associated with licensed care, and, while this is not always true, one study found that the single best indicator of quality care was the provider's regulatory status.[54]

Currently, there is no commonly agreed upon or published set of indicators of quality for Early Care and Education in Arizona. One of the tasks of First Things First will be to develop a Quality Improvement and Rating System with these common indicators of quality. Until this Rating System is available statewide, this report presents for the Tohono O'odham Nation Regional Partnership Council an initial snapshot of quality in the community.

Accredited Early Child Care Centers

The Tohono O'odham zip codes of 85643, 85639, and 85321 do not have any early child care centers that are listed as accredited by the following accreditation agencies: NAEYC, AMI, AMS, ASCI, NAC, NECPA, or NAFCC. There are, however, several child care centers off the reservation which appear to have been approved by the Tohono O'odham Nation.

Head Start programs are not considered accredited, but they are required to meet specific guidelines. Tohono O'odham Nation Head Start has 6 centers and a home-based program, together serving a total of 249 children in the 2006-2007 year. A total of 163 children are funded for the full-day, center-based programs, while 52 were in Head Start home-based program. In all, 73 percent of children live in families who are income eligible for these services.

Tohono O'odham Nation Head Start Program Year, 2006-2007

Number of Centers	Number of home based programs	Total Children Enrolled*	Full Day Care (5 days/6 or more hours)	Income Eligible*	Children Age 3	Children Age 4	Children Age 5
6	5	249*	163 (76%)	183 (73%)	110 (44%)	138 (55%)	1 (1%)

*Total enrollment during the year. 215 funded in 6 centers +52 enrolled in the home based program

Source: Tohono O'odham Head Start Performance Information Report (2006 – 2007)

It was also reported that the average Head Start classroom size was 18 and the staff to child ratio was 1:7 for centers and 1:10 in the home based program. These ratios indicate that the centers meet standard recommendation for preschool age groups. It was noted that the Head Start program has the capacity to enroll more children than its federally funded slots and the Tohono O'odham Nation would like to increase the number served to 300.

53 NICHD Early Child Care Research Network, The relation of child care to cognitive and language development, Child Development,2000, 71, 960-980.

54 Pence, A. R., & Goelman, H. The relationship of regulation, training, and motivation to quality care in family day care. Child and Youth Care Forum, 20, 1991, 83-101.

Areas of future Interest to RPC

Regional needs regarding quality child care programs and program supports including: facilities, enrollment slots, licensing/certification, funding for positions, professional training, and transportation and family case managers.

Access

Family demand and access to early care and education is a complex issue. Availability and access are influenced by, but not limited to factors such as: number of early care and education centers or homes that have the capacity to accommodate young learners, infrastructure to support early care centers, waiting lists, ease of transportation to the care facility, and the cost of the care. Data on these issues are either not available or are anecdotal. For the current Needs and Assets report for the Tohono O'odham Nation, available data include: number of early care and education programs by type, number of children enrolled in early care and education, and average cost of early care and education to families.

Number of Early Care and Education Programs

The Tohono O'odham Nation has a Division of Early Childhood Development, under the Department of Education. This Division houses Head Start and Early Child Care. There is a limited number of early care and education centers on the Tohono O'odham Nation. Overall, there is capacity to serve young children ages 0-5, but there is no funding to do so. Consequently, young children do not receive the early childhood and health intervention needed to build a strong society. These lead to tribal members not having choices of the types of care they select, among providers both on and off the Nation. The data does not account for the barriers that exist in utilizing the child care options available, nor do they indicate the quality of the choices available. A total of 6 Head Start Centers, 5 home-based Centers, 5 tribally licensed child care centers, and 15 tribally licensed home care centers exist on the Nation to offer early child care development and health to the O'odham 0-5 year old population.

Tohono O'odham Nation Number of Early Child Care Provider Centers and Education Programs, on the Nation, by Type, 2006.

Type of Program	2006
Tribally licensed on reservation child care provider centers	5
Tribally approved Family Child Care Homes	15
Totals	20

Source: Tohono O'odham Nation, Department of Education Division of Early Childhood Development (2008).

Although the quality of care for all providers in the Tohono O'odham Nation may not be defined by national regulatory standards, the Tohono O'odham Nation has taken steps to ensure centers and home providers, both on and off the Nation, meet requirements and become tribally approved. The Tohono O'odham Nation requires that the Nations' Child Care Program certify all providers and centers. This includes

Tribal/I.H.S. clearance, Child Care Bureau Tribal Minimal Standards and Department of Protective Services Fingerprint clearance. The Tribal Minimal Standards are considered similar to the state standards. The following table details the number of centers and providers that are reported to be tribally approved, by type.

There are two types of providers designated in the chart above: tribally licensed centers and approved family child care homes. Tribally licensed centers and family child care homes have been granted the ability by Tohono O'odham Nation to operate a safe and healthy child care center.

While licensure and regulation by a regulatory body are a critical foundation for the provision of quality care for young children, these processes do not address curricula, interaction of staff with children, processes for identification of early developmental delays, or professional development of staff beyond minimal requirements. These important factors in quality care and parent decision-making are provided only with national accreditation. This makes a case for more than minimum regulations for quality improvement, with a system like the QIRS (State initiative: Quality Improvement Rating System).

Number of Children Enrolled in Early Care and Education Programs

The table below presents the number of children enrolled in early care and education programs by type as identified by the Tohono O'odham Nation, Department of Education, Early Childhood Development Division. These numbers account for children cared for in tribally regulated centers and family child care homes or who are in need of care but do not have access to it. Identification of methodologies and data sets related to unregulated care and demand for early care and education are a priority for the future.

Tohono O'odham Nation Number of Children Enrolled in Early Care and Education Programs by Capacity and Number Served 2006

	Tribally licensed centers	Tribally approved family child care homes	Total*
Approved Capacity	52	90	142
Average number served	20	120	140

Source: Tohono O'odham Nation, Department of Education Division of Early Childhood Development programs (2008).

In 2006, the Tohono O'odham Nation funded 6 Head Start Centers. In a wing of these centers sits 5 Child Care Provider Centers. These 5 centers are located at Sells, San Xavier, Santa Rosa Village, Pisinimo, and Vaya Chin. According to the table above, a total of 140 children were enrolled in these centers and homes. This represents 98 percent of their total capacity, although capacity refers to the total physical space available and approved for child care use, not to the actual size of the current program operating in the building. Of the children enrolled, 20 were enrolled in the 5 tribally licensed centers, and 120 were in the 90 approved family child care homes. This demonstrates a dire need for child care providers, especially since the latest statistics show the Tohono O'odham Nation has an ever growing 0-5 population at 1,594, living on the Nation. What the above table illustrates is that the Nation is only

serving 13% of its 0-5 population in early childhood development and health.

In terms of the tribally approved family child care homes, it is evident that the homes are over capacity at +1.3%, indicating the need for increased home child care providers than center-based child care providers. There is a need for child care providers to accommodate working parents, or those going to school by offering evening or weekend care. Many O'odham families do not have 9:00 a.m. to 5:00 p.m. jobs. Many families need night and weekend child care. This may be an issue the RPC wishes to address.

Tohono O'odham Nation Children Enrolled in Head Start and Tribally Approved Centers and Home Care Providers on the Nation, by capacity and number served in 2007

	Head Start Centers	Head Start Home based	Tribally Approved Home Providers	Tribally Approved Early Child Care Centers	Total
Approved Capacity	216	52	90	52	410
Average number served	163	52	120	20	355

Source: Tohono O'odham Nation Department of Education Division of Early Childhood Development (2008).

Information on Head Start programs and tribally approved centers and home care providers is also included in the table above. These providers reported serving an average of 355 children age 0 – 5 yrs, in 2007. This indicates Head Start and tribally approved centers and home-base centers together serve 22% of the 0-5 year old population, leaving 78% un-served. Funding was the main reason why the Nation does not expand its capacity more. There is not only a need for infrastructure and staff, but transportation as well. The Nation, the second largest reservation in the U.S., has a huge land base. There are 11 Districts, and the Head Start and tribally approved centers, home-based centers, and child care providers have to travel this rugged terrain to pick up enrolled children.

Costs of Care

The table below presents the average cost for families, by type, of early care and education. These data were collected from the Tohono O'odham Nation Department of Education Division of Early Childhood Development (2008). In general, it can be noted that care is more expensive for younger children and non-tribal child care providers. Infant care is more costly for parents because ratios of staff to children should be lower for very young children, and the care of very young children requires that care providers obtain skill sets that are unique. Clearly, these costs present challenges for families, especially those at the lowest income levels. These costs begin to paint a picture of how family choices in early care are determined almost exclusively by financial concerns rather than concerns about quality. For the Tohono O'odham Nation, child care rates for licensed centers off the reservation are most expensive when compared with their own.

Tohono O'odham Nation on and off Reservation Early Care and Education Average Daily Cost by Type and Age Group for 2004 and 2006

Setting Type & Age Group	Tohono O'odham Nation (2004)	Tohono O'odham Nation (2006)	U.S. (2008)
Licensed Centers (ADHS)			
Infant	$26.67 per day	$29.75 per day	$9,567 per yr**
Toddler	$21.13 per day	$26.98 per day	$7,084 per yr**
Preschooler	$18.72 per day	$24.33 per day	
Tribally Licensed Centers			
Infant	$10.00 per day	$15.00 per day	Data not available
Toddler	$10.00 per day	$15.00 per day	
Preschooler	$10.00 per day	$15.00 per day	
In-Home Care (ADHS)			
Infant	$20.00 per day	$20.00 per day	Data not available
Toddler	$20.00 per day	$19.50 per day	
Preschooler	$20.00 per day	$19.50 per day	
Tribally In-Home Care			
Infant	Data not available	$20.00 per day	Data not available
Toddler		$19.00 per day	
Preschooler		$19.00 per day	
Certified Homes (DES)			
Infant	$20.84 per day	$22.08 per day	$6,505 per yr.**
Toddler	$20.58 per day	$21.54 per day	
Preschooler	$20.84 per day	$21.08 per day	

**Assumes full-time enrollment

Sources: 2004 & 2006 DES Market Rate Study; 2008 data source unknown; Tohono O'odham Nation Department of Education Division of Early Childhood Development (2008).

Early child care centers and providers off the Nation often cost more than the early child care provided by the Tohono O'odham Nation within the communities. The Tohono O'odham Nation Early Child Care program provides accessibility to their programs by offering a sliding scale co-pay rate that is subsidized by the program. The program only receives funding from a Federal Block Grant, Child Care Development Fund and a State Title 20 grant for five centers, Sells, San Xavier, Santa Rosa Village, Pisinimo, and Vaya Chin and home care providers on the Nation. This grant pays for 80 percent of the cost, a cost shared between federal and state governments.[55]

Additional Indicators of Interest to the RPC

Barriers to Accessibility

For the Tohono O'odham Nation, challenges with accessibility include waiting lists, infrastructure (such as facilities), staffing, funding for salaries, distance traveled between villages for work, times centers are open for working parents, and other barriers. Transportation challenges are also of particular concern in this large region which has communities spread out across and beyond its borders.

55 Tohono O'odham Nation Early Child Care Program survey (2008). * Early Child Care Program receives funding from Child Care Development fund, a Federal Child Care & Development Block Grant

Areas of future interest for RPC

Funding for 0-5 year old access to early child care and health programs

Early child care infrastructure for ages 0-3 (including buildings, staff, and transportation), System coordination between existing and/or new facilities for children ages 3 – 5, Coordination of services (including screening, referral, and evaluation services) for children ages 0-5 with special needs, and Identification of barriers to service access/utilization. It would be important to obtain feedback from families who are not using programs. This feedback may include reasons for not using programs and ways programs could be improved to meet their needs.

Health

Children's good health is an essential element that is integrally related to their learning, social adjustment, and safety. Healthy children are ready to engage in the developmental tasks of early childhood and to achieve the physical, mental, intellectual, social, and emotional well-being necessary for them to succeed when they reach school age. Children show healthy development and benefit most when they have access to preventive, primary, and comprehensive health services. Services would include screening and early identification of any delays in development. Also included would be vision, hearing, oral health, nutrition and exercise, and social-emotional health.

The majority of families of the Tohono O'odham Nation receive basic in-patient and out-patient care through the Indian Health Services, Sells Service Unit. The Sells Hospital, built in 1961, is a modern 34-bed facility with Joint Commission accreditation located in Sells, Arizona. The Hospital is the central component of the Sells Service Unit, providing general medical and primary care.

There are also three satellite facilities: the San Xavier Health Center, a large out-patient facility on the outskirts of Tucson, the Santa Rosa Clinic, a small out-patient facility located in the rural, north-central Tohono O'odham Reservation region, and the San Simon Health Center located at the western part of the region.

A professional staff of physicians, pediatricians, physician assistants, dentists, nurses, podiatrists, optometrists, and auxiliary technical support personnel administer both inpatient and ambulatory services through the hospital and clinics. Specialties among the medical staff include internal medicine, pediatrics, psychiatry, and family practice. Some emergency services are provided at the Sells Hospital; critical-care patients, however, are transferred to one of several Tucson or Phoenix area hospitals. The Hospital employs a computerized database to enhance its research and diagnostic efforts to serve patients in all three facilities.[56]

In order to provide an overview of health care for the Tohono O'odham Nation children, 0 – 5 yrs, a variety of data sources were accessed: the Tohono O'odham Nation Head Start Performance Information Report, U.S. Census 2000, Arizona Department of Health and Human Services, Health Status Reports and Primary Care Area Profiles, and the Indian Health Services. It is important to realize that each of these data sources has their limitation with regard to providing complete or compa-

56 Indian Health Services website http://www.ihs.gov/ accessed 7/08

rable health information for the Nation.

Number of Children Served

The following table provides the number of visits and patients, ages 0 – 5 years, for the Sells Service Unit. The numbers served at each clinic are reflective of the size of the communities where they are located: Sells and San Xavier serve larger populated areas of the Nation, that include tribal government and businesses (San Xavier serving urban American Indians), with Santa Rosa and San Simon Health Centers serving a smaller community on the Nation.

Tohono O'odham Nation, I.H.S. Sells Service Unit, Number of Visits and Patients, age 0 – 5 yrs from 2005 – 2007.

Service Unit	2005	2006	2007
Sells			
Visits	1211	1070	1048
Patients	612	589	603
San Xavier			
Visits	1385	1205	1208
Patients	645	627	638
Santa Rosa			
Visits	244	200	210
Patients	143	119	130

Source: I.H.S. Tucson Area Office, Sells Service Unit,(2008)

Developmental Screening

Early identification of developmental or health delays is crucial to ensuring children's optimal growth and development. The Arizona Chapter of the American Academy of Pediatrics recommends that all children receive a developmental screening at 9, 18, and 24 months with a valid and reliable screening instrument. Providing special needs children with supports and services early in life leads to better health, better outcomes in school, and opportunities for success and self-sufficiency into adulthood. Research has documented that early identification of and early intervention with children who have special needs can lead to enhanced developmental outcomes and reduced developmental problems.[57] For example, children with autism who are identified early and enrolled in early intervention programs, show significant improvements in their language, cognitive, social, and motor skills, as well as in their future educational placement.[58]

Parents' access to services is a significant issue as parents may experience barriers to obtaining referrals for young children with special needs. This can be an issue if,

57 Garland, C., Stone, N. W., Swanson, J., & Woodruff, G. (eds.). Earch intervention for children with special needs and their families: Findings and recommnendations. 1981, Westat Series Paper 11, University of Washington; Maisto, A. A., German, M. L. Variables related to progress in a parent-infant training program for high-risk infants. 1979, Journal of Pediatric Psychology, 4, 409-419.; Zeanah, C. H. Handbook of infant mental health, 2000, New York: The Guildford Press.

58 National Research Council, Committee on Educational Interventions for Children with Autism, Division of Behavioral and Social Sciences and Education. Educating children with autism. Washington, DC: National Academy Press; 2001.

for example, an early child care provider cannot identify children with special needs correctly.[59]

While recommended, all Arizona children are not routinely screened for developmental delays although nearly half of parents nationally have concerns about their young child's behavior (48%), speech (45%), or social development (42%)[60]. Children most likely to be screened include those that need neonatal intensive care at birth. These babies are all referred for screening and families receive follow-up services through Arizona's High Risk Perinatal Program administered through county Health Departments, although the process may differ slightly if the referral is generated within the Indian Health Service.

Every state is required to have a system in place to find and refer children with developmental delays to intervention and treatment services. The federal Individuals with Disabilities Education Act (IDEA) governs how states and public agencies provide early intervention, special education, and related services. Infants and toddlers with disabilities (birth to age three) and their families receive early intervention services under IDEA Part C. Children and youth (ages 3-21) receive special education and related services under IDEA Part B.

Tohono O'odham Nation has a Child Find Program, a component of IDEA that identifies, locates, and evaluates children ages birth to five years of age with disabilities who are in need of early intervention or special education services. Child Find provides referrals to Arizona Early Intervention Program (AzEIP), Arizona's system that serves infants and toddlers is the Arizona Early Intervention Program (AzEIP). Eligible children have not reached fifty percent of the developmental milestones expected at their chronological age in one or more of the following areas of childhood development: physical, cognitive, language/communication, social/emotional, and adaptive self-help. Identifying the number of children who are currently being served through an early intervention or special education system, indicates what portion of the population is determined to be in need of special services (such as speech or physical therapy). Comparing that number to other states with similar eligibility criteria provides a basis for understanding how effective the child find process is. This is the first task in knowing whether or not a community's child find process, including screening, is working well.

Second, when conducted effectively, screening activities assist in identifying children who may be outside the range of typical development. Based on screening results, a child may be further referred for an evaluation to determine eligibility for services. Accurate identification through appropriate screening most often leads to a referral of a child who then qualifies to receive early intervention or special education services. One consideration of the effectiveness of screening activities is the percent of children deemed eligible compared to the total number of children referred. The higher the percent of children eligible, the more accurate and appropriate the referral. Effective screening activities are critical to assuring such accuracy.

Child Find works in partnership with a number of programs in the community to provide parent education and to ensure children attending their early child care

59 Hendrickson, S., Baldwin, J. H., & Allred, K. W. Factors perceived by mothers as preventing families from obtaining early intervention services for their children with special needs, Children's Health Care, 2000, 29, 1-17.

60 Inkelas,M., Regalado,M., Halfon, N. Strategies for Integrating Developmental Services and Promoting Medical Homes. Building State Early Childhood Comprehensive Systems Series, No. 10. National Center for Infant and Early Childhood Health Policy. July 2005.

programs receive the appropriate screenings, referrals and follow up. The following chart shows the total number of Tohono O'odham Child Find developmental screenings reported for children ages 0 – 5 years in 2008.

Tohono O'odham Nation children 0-5 Years Receiving Developmental Screenings, 2008

Development Screening and Referrals	2008
Child Find Screening 0 – 5 yrs	84
Service Referrals	No Data Available

Source: Tohono O'odham Department of Education: Division of Early Childhood Development

One Child Find partner that conducts developmental screenings is Desert Survivors Inc. Desert Survivors is a non-profit organization, which partners with the Division of Early Childhood Development, Special Services program, Department of Health and Human Services Special Needs Division and Indian Health Services. They also work closely with the Division of Early Childhood Development, Head Start program and the Indian Oasis Baboquivari Unified School District. The following table shows the number of children ages 0-3 referred to Desert Survivors for screening and the percent of those children eligible.

Desert Survivors, Tohono O'odham Nation Developmental Screening, 2004 – 2007.

Year	Total Number Referred Ages 0-3	Percentage Eligible (%)
2004	33	84%
2005	23	86%
2006	19	78%
2007	20	60%

Source: Desert Survivors Inc (2008)

It is unknown whether all Tohono O'odham children who are referred for screening actually receive those services. Also, even children who do receive developmental screenings may still not receive appropriate services to address any concerns identified. Communication issues, minimal system coordination, high staff turnover rates, and issues with funding for re-evaluations were noted as possible concerns impacting health screening and referrals in the region.

Nationally, the percentage of American Indians served under IDEA Part B is higher than other races, with the majority being categorized with developmental delay or speech and language delay. This trend is similar in Arizona. There is ongoing dialogue regarding the use of standardized practices with culturally and linguistically diverse children. There is widespread concern over the disproportionate representation of American Indian children in special education programs nationally.[61]

According to the Tohono O'odham Nation Head Start program Information

61 Hammer, P.C. and Demmert, W.G. Jr. (2003). American Indian and Alaska Native early childhoold health, development, and education assessement research. ERIC Clearinghouse on Rural Education and Small Schools (ERIC Reproduction Service No. ED482326).

Report, 22 percent of children who received developmental screening were determined to have a disability, and all were served with Individual Education Plans (IEP's). The majority of children were diagnosed with a speech or language impairment with a much smaller number diagnosed with learning disabilities, autism, and non-categorical/developmental delays.

The Indian Oasis-Baboquivari School District reported 23 preschool students with some type of disability, 16 of which were reported as having moderate delays.[62]

There are many challenges for Arizona's early intervention program in being able to reach and serve children and parents. Speech, Physical, and Occupational Therapists are in short supply and more acutely so in some areas of the state than others. Families and health care providers are frustrated by the tangle of procedures required by both private insurers and the public system. These problems will require the combined efforts of state and regional stakeholders to arrive at appropriate solutions.

While longer-term solutions to the therapist shortage are developed, parents can be a primary advocate for their children to ensure that they receive appropriate and timely developmental screenings according to the schedule recommended by the Academy of Pediatrics. Also, any parent on the Nation who believes their child has delays can contact Head Start, Indian Oasis Baboquivori Unified School District, Special Needs Division, I.H.S., and the Arizona Early Intervention Program and request that his/her child be screened. Outreach, information and education for parents on developmental milestones for their children, how to bring concerns to their health care provider, and the early intervention system and how it works, are parent support services that each program can provide. These measures, while not solving the problem, will give parents some of the resources to increase the odds that their child will receive timely screening, referrals, and services.

Insurance Coverage

The following chart compares the percent of children receiving no medical care for those insured all year versus those uninsured all or part of the year. As the chart shows, in Arizona over 38 percent of children who are uninsured all or part of the year, are not receiving medical care, compared to 15 percent of children who are insured throughout the year.

Percent of Children (0-17) not Receiving any Medical Care for 2003

	Insured All Year		Uninsured All or Part of the Year	
	Percent not receiving medical care	Number not receiving medical care	Percent not receiving medical care	Number not receiving medical care
Arizona	14.8%	171,303	38.1%	134,259
U.S.	12.3%	7,635,605	25.6%	2,787,711

Source: Robert Wood Johnson Foundation. Protecting America's Future: A State-By-State Look at SCHIP and Uninsured Kids, August 2007.

Although tribally enrolled children on the Tohono O'odham Nation are covered by Indian Health Service, they also often qualify for AHCCCS. As described in the

62 Source: Arizona Department of Education, Public Education Agency (District) and Disability data, 2007

section on Health Coverage and Utilization, children who are enrolled in AHCCCS are very likely to receive well-child visits during the year, as are children who are enrolled in Head Start.

Immunizations

Immunization of young children is known to be one of the most cost-effective health services available and is essential to prevent early childhood diseases and protect children from life threatening diseases and disability. A Healthy People 2010 goal for the U.S. is to reach and sustain full immunization of 90 percent of children two years of age.

The table below shows the number of 3 year old children immunized at the I.H.S. Health Centers sites from 2007-2008. There is a range of 93 to 100 percent coverage for immunization for all vaccines across sites. Santa Rosa Clinic reported a slightly lower percentage of immunizations, but still above 90 percent.

Percentage of Immunization for Tohono O'odham Nation Children Age 3 yrs by I.H.S. Health Centers for 2007 – 2008.

Indian Health Service: Sells Service Unit	Vaccine	Number Immunized:	Total Active Sells Service Unit Users in Age Range:	Percent Coverage (%)
San Xavier	DTaP	119	123	97
	Polio	120	123	98
	MMR	121	123	98
	Hib	123	123	100
	Hep B	118	123	96
	Varicella	120	123	98
	Prevnar	119	123	97
	Hep A	123	123	100
Santa Rosa	DTaP	38	43	88
	Polio	40	43	93
	MMR	40	43	93
	Hib	43	43	100
	Hep B	40	43	93
	Varicella	40	43	93
	Prevnar	40	43	93
	Hep A	43	43	100
Sells	DTaP	165	167	99
	Polio	167	167	100
	MMR	166	167	99
	Hib	167	167	100
	Hep B	166	167	100
	Varicella	165	167	99
	Prevnar	164	167	98
	Hep A	167	167	100

Source: Indian Health Services, Tucson Area Office, Sells Service Unit (2008)

The following table shows immunization percentages for Sells Hospital from 2003-2007. For each year listed, the percent immunized is close to or exceeding the Healthy People 2010 goal of 90 percent.

Immunization Percentages for Tohono O'odham Nation Children, 19 – 35 months, Received at Sells Hospital, Indian Health Services, 2003 – 2007

	2003	2004	2005	2006	2007
Percent of children immunized	88%	89%	90%	88%	97%

Source: Indian Health Services, Sells Hospital

Other areas of Interest to RPC

The 2004 Tohono O'odham Executive Branch Administrative Plan[63] identified three threats to the health of the Nation: diabetes, chemical dependency and neonatal care.

Diabetes: The Tohono O'odham have one of the highest occurrences of Type II Diabetes in the world. In the Tohono O'odham Nation, 79 per 1000 live births are to mothers with diabetes; this is over twice as high as the national rate, 25 per 1000 live births, and substantially higher than the rate for all American Indian Nations, at 45 per 1000 live births. Children born to mothers who have diabetes or have gestational diabetes are at higher risk for onset of type 2 diabetes later in life.

Chemical dependence: The high incidence of illegal drug use and prevalence of alcohol dependency, reported in the Administrative Plan, are exacerbated by the close proximity to drug trafficking on the U.S. Mexico border. High unemployment, lack of organized activities for youth, and a high self-reported rate of depression, are other factors that may contribute to drug/alcohol issues in the region.

Neonatal Care: According to the Administrative Plan, the Nation has the second highest rate of infant mortality, within the first year, of all American Indians in the U.S. and the highest post neonatal mortality rate. The rate of infant mortality is sometimes considered an indicator of a population's health.

63 Tohono O'odham Nation Executive Branch Administrative Plan (2004)

Family Support

Family support is a foundation for enhancing children's positive social and emotional development. Children who experience sensitive, responsive care from a parent perform better academically and emotionally. Beyond the basics of care and parenting skills, children benefit from positive interactions with their parents (e.g. physical touch, early reading experiences, and verbal, visual, and auditory communications). Children depend on their parents to ensure they live in safe and stimulating environments where they can explore and learn.

Many research studies have examined the relationship between parent-child interactions, family support, and parenting skills.[64] Much of the literature addresses effective parenting as a result of two broad dimensions: discipline and structure, and warmth and support.[65] Strategies for promoting enhanced development often stress parent-child attachment, especially in infancy, and parenting skills.[66] Parenting behaviors have been shown to impact language stimulation, cognitive stimulation, and promotion of play behaviors—all of which enhance child well-being.[67] Parent-child relationships that are secure and emotionally close have been found to promote children's social competence, pro social behaviors, and empathic communication.[68]

The new economy has brought changes in the workforce and family life. These changes are causing financial, physical, and emotional stresses in families, particularly low-income families. Increasing numbers of new immigrant families are challenged to raise their children in the face of language and cultural barriers. Regardless of home language and cultural perspective, all families should have access to information and services and should fully understand their role as their children's first teachers.

Supporting families is a unique challenge that demands collaboration between parents, service providers, educators and policy makers to promote the health and well-being of young children. Every family needs and deserves support and access to resources. Effective family support programs will build upon family assets which are essential to creating self-sufficiency in all families. Family support programming will play a part in strengthening communities so that families benefit from "belonging". Success is dependent on families being solid partners at the table, with access

64 Brooks-Gunn, J., Klebanov, P.K., & Liaw, F. R. The learning, physical, and emotional environment of the home in the context of poverty: The Infant Health and Development Program. Children and Youth Services Review, 1994, 17, 251-276; Hair, E., C., Cochran, S. W., & Jager, J. Parent-child relationship. In E. Hair, K. Moore, D. Hunter, & J. W. Kaye (Eds.), Youth Development Outcomes Compendium. Washington DC, Child Trends; Maccoby, E. E. Parenting and its effects on children: On reading and misreading behavior genetics, 2000, Annual Review of Psychology, 51, 1-27.

65 Baumrind, D. Parenting styles and adolescent development. In J. Brooks-Gunn, R., Lerner, & A. C. Peterson (Eds.), The encyclopedia of adolescence (pp. 749-758). New York: Garland; Maccoby, E. E. Parenting and its effects on children: On reading and misreading behavior genetics, 2000, Annual Review of Psychology, 51, 1-27.

66 Sroufe, L. A. Emotional development: The organization of emotional life in the early years. Cambridge: Cambridge University Press; Tronick, E. Emotions and emotional communication in infants, 1989, American Psychologist, 44, 112-119.

67 Brooks-Gunn, J., Klebanov, P.K., & Liaw, F. R. The learning, physical, and emotional environment of the home in the context of poverty: The Infant Health and Development Program. Children and Youth Services Review, 1994, 17, 251-276; Snow, C. W., Barnes, W. S., Chandler, J., Goodman, I. F., & Hemphill, J., Unfulfilled expectations: Home and school influences on literacy. Cambridge, MA: Harvard University Press.

68 Hair, E., C., Cochran, S. W., & Jager, J. Parent-child relationship. In E. Hair, K. Moore, D. Hunter, & J. W. Kaye (Eds.), Youth Development Outcomes Compendium. Washington DC, Child Trends; Sroufe, L. A. Emotional development: The organization of emotional life in the early years. Cambridge: Cambridge University Press; Tronick, E. Emotions and emotional communication in infants, 1989, American Psychologist, 44, 112-119.

to information and resources. Activities and services must be provided in a way that best meet family needs.

Family support is a holistic approach to improving young children's health and early literacy outcomes. In addition to a list of services like the licensed child care providers, preschool programs, food programs, and recreational programs available to families, Regional Partnership Councils will want to work with their neighborhoods to identify informal networks of people – associations – that families can join and utilize to build a web of social support.

The Tohono O'odham Nation region has a number of family support services and programming. Services include the Education Department Division of Early Childhood Development and Early Child Care and Head Start programs, as well as Division of Special Needs, Division of Child Welfare, Division of Family Assistance, Division of Healthy O'odham Prevention Promotion, Division of Behavioral Health, I.H.S., and Tohono O'odham Community College. Also, the Bureau of Indian Education Baby, Family, and Child Education program, among others, provides workshops and training for parents on topics such as nutrition, the importance of physical activity, early childhood development, children with special needs, and other parenting skills.

Other Areas of interest to RPC

- Need family resources such as promotional material for early childhood development and health, as well as early care services available to public.
- Need more coordination among organizations that serve the 0-5 year old population.

Parent knowledge about early education issues

When asked, child care professionals continually report that families need more and better information around quality child care.[69] Parents seem fairly perceptive of their need for more information on a range of topics.

Although it has been noted that there is a need to increase early childhood family resource information on programs and services that work with the 0-5 year old population, efforts do exist within the Tohono O'odham community to provide information and programs on family literacy. The table below highlights some of these opportunities.

Tohono O'odham Nation literacy efforts (2008)

Literacy Efforts	Description
Venito Garcia Library and Archive	Regular literacy activities
Family and Child Education programs	Monthly book lending, at home literacy visits and dialogic reading strategies
Head Start programs	Daily reading at centers/home base
Indian Health Services	Literacy program

Source: Tohono O'odham Head Start Program Community Assessment, Head Start program, Indian Health Services, and Tribal Library website, accessed (2008)

69 Whitebook, M., Howes, C., & Phillips, D. Who cares? Child care teachers and the quality of care in America, 1989, Oakland, CA: Child Care Employee Project.

Areas of future Interest to RPC

Need to:

- Increase early childhood family resource information on programs and services that work with the 0-5 year old population,
- Early childhood education and health programs in hospitals, and
- Data on literacy rate and reading level of parents.

Professional Development

Professionals providing early childhood services can improve their knowledge and skills through professional education and certification. This training can include developmental theory, as well as practical skills in areas such as child health, child safety, parent/child relationships, and professional child care service delivery. The professional capacity of the early childhood workforce and the resources available to support it affect the development of the region's young children.

The Tohono O'odham Nation region is working to increase the professional training and credentialing of professionals. There are multiple avenues for training and certification available to professionals in this region. Nearby Universities and community colleges offer Bachelors or Masters of Arts in Early Childhood Education (BA-ECE/MA-ECE) and Associates of Arts degrees (some with early childhood emphases). Other professional development opportunities include an assortment of credible online education programs that can be completed from home. Occupational certificates can also be acquired, including the CDA (Child Development Associate) credential. While many professionals in the state report they have completed the required training for the CDA, the fee to actually receive the credential has been cited as a barrier. Low salaries for teachers and child care assistants may have a significant impact on the number of professionals pursuing additional education or certification in the region.

Child Care Professionals' Certification and Education

Research on caregiver training has found a relationship between the quality of child care provided and child development outcomes.[70] Furthermore, formal training is related to increased quality care, however, experience without formal training has not been found to be related to quality care.[71]

The following table provides a snapshot of the educational backgrounds of child care professionals' in Arizona and the U.S.

70 NICHD Early Child Care Research Network. The relation of child care to cognitive and language development, 2000, Child Development, 71, 960-980.

71 Galinsky, E. C., Howes, S., & Shinn, M. The study of children in family care and relative care. 1994, New York: Families and Work Institute; Kagan, S. L., & Newton, J. W. Public policy report: For-profit and non-profit child care: Similarities and differences. Young Children, 1989, 45, 4-10; Whitebook, M., Howes, C., & Phillips, D. Who cares? Child care teachers and the quality of care in America, 1989, Oakland, CA: Child Care Employee Project.

Child Care Professionals' Educational Background, Arizona 2007 and U.S. 2002

Degree Type	Arizona* 2007		U.S.** 2002	
	Teachers	Assistants	Teachers	Assistants
No Degree	61%	82%	20%	12%
CDA	9%	7%	N/A	N/A
Associates	15%	8%	47%	45%
Bachelors	19%	7%	33%	43%
Masters	6%	Less than1%		

Source: Compensation and Credentials report, Center for the Child Care Workforce – Estimating the Size and Components of the U.S. Child Care Workforce and Caregiving Population report, 2002.

* Arizona figures were determined by using the statewide average from the Compensation and Credentials report.

**U.S. figures had slightly different categories: High school or less was used for no degree, Some college was used for Associates degree, and Bachelors degree or more was used for Bachelors and Masters degree

There was no data available for educational background of early child care professionals across the Tohono O'odham Nation region. Data was, however, available for the Tohono O'odham Head Start Programs, based on their Performance Information Reports from 2004-2007. The most commonly reported qualification was a CDA credential.

Tohono O'odham Head Start Multi Year Staff Qualification 2004 - 2007

Degree Type	2004		2005		2006		2007	
	Teachers	AT	Teachers	AT	Teachers	AT	Teachers	AT
AA	4	0	3	0	5	0	0	0
BA	0	0	0	0	0	0	0	0
Graduate	0	0	0	0	0	0	0	0
CDA	1	0	4	1	1	2	5	2
No Degrees	ND**	ND	ND	ND	ND	ND	4	12
Total	11	11	11	11	8	18	9	14

*AT = Assistant Teachers ** ND = No Data

Source: Tohono O'odham Head Start Performance Information Report (2006-2007)and MulitYear Staff Qualifications Report (2004-2007)

Professional Development Opportunities

Early childhood educators and professionals have a variety of education and training resources available, including online training and education and degree programs through the state universities or community college programs. The Tohono O'odham Community College (TOCC) provides an education and certification program designed for individuals interested in pursuing careers in early childhood education, or who are currently employed with child care providers or other agencies that focus on early childhood education and development. TOCC helps prepare students who need the credentials of a two-year degree, as well as those students who wish to continue their education at the university level. An advantage to attending TOCC is its location on the Nation.

Available Education and Certification Programs for Child Care Professionals

School	Degree/Certificates
Tohono O'odham Community College	Child Development Associate (C.D.A) Certificate, Associate of Applied Science (A.A.S.) Certificate, and A.A.S. degree
Pima Community College	Early Childhood Education (ECE) Associate, Early Childhood Studies Associate, ECE certificate, EC (Birth – age 8) Post Degree Certificate
Arizona State University Tempe Campus	B.A.E Early Childhood Education
Central Arizona College	Early Childhood Education-Family Child Care (A.A.S.)
Northern Arizona University	B.S. Ed. in the Early Childhood

Source: Website search, FTF consultant calls, and SWI institute phone survey (2008)

The Tohono O'odham Nation Education Department provides financial aid, scholarship, and recruitment/retention services to enrolled tribal members of the Nation. The program serves vocational, undergraduate, and graduate college/university students as they pursue their educational goals.

Employee Retention

Providing families with high quality child care is an important goal for promoting child development. Research has shown that there is a strong correlation between child care centers who hire and retain qualified staff and positive outcomes for children.[72] More specifically, research has shown that child care providers with greater job stability are more attentive to children and promote more child engagement in activities.[73]

As the chart below shows, average length of employment for child care professionals in the Tohono O'odham region has remained low. Most teachers and assistant teachers reported 1-3 years of employment, with only 36 percent of teachers and 20 percent of assistant teachers with more than 5 years of experience.

72 Raikes, H. Relationsip duration in infant care: Time with a high ability teacher and infant-teacher attachment. 1993, Early Childhood Research Quarterly, 8, 309-325.

73 Stremmel, A., Benson, M., & Powell, D. Communication, satisfaction, and emotional exhaustion among child care center staff: Directors, teachers, and assistant teachers, 1993, Early Childhood Research Quarterly, 8, 221-233; Whitbook, M., Sakai, L., Gerber, E., & Howes, C. Then and now: Changes in child care staffing, 1994-2000. Washington DC: Center for Child Care Workforce.

Average Length of Employment for Child Care Professionals on Tohono O'odham Nation (2007)

	6 months or less	7-11 months	1 years	2 years	3 years	4 years	More than 5 years	Don't know or Refused
Teachers	0	0	18%	18%	27%	0	36%	0
Assistant Teachers	20%	0	30%	10%	20%	0	20%	0
Teacher Directors	0	0	100%	0	0	0	0	0
Administrative Directors	0	0	0	0	0	0	100%	0

Source: Compensation and Credentials Survey 2007

Compensation and Benefits

Higher compensation and benefits have been associated with quality child care. Research studies have found that in family care and in child care centers, workers' salaries are related to quality child care[74]. Furthermore, higher wages have been found to reduce turnover—all of which is associated with better quality child care[75]. Better quality care translates to workers routinely promoting cognitive and verbal abilities in children and social and emotional competencies.[76]

Based on the Compensation and Credential Survey, many child care professionals on the Tohono O'odham Nation received small salary increases from 2007 to 2008. For teachers and assistant teachers, average salaries increased by $0.52 and $1.27 respectively. Salaries for teacher /directors salary actually decreased by almost two dollars, however, over the same time period.

Average Wages and Benefits for Child Care Professionals on Tohono O'odham Nation 2004 - 2007

		2004	2007
Teacher	Average Hourly Wage	$10.66	$11.18
Assistant Teacher	Average Hourly Wage	$6.86	$8.13
Teacher/ Director	Average Hourly Wage	$13.41	$11.50
Admin/ Director	Average Hourly Wage	$16.52	No data available

Sources: 2004 and 2007 data is from the Compensation and Credentials Survey.

74 Lamb, M. E. Nonparental child care: Context, quality, correlates. In W. Damon, I. E. Sigel, & K. A. Renninger (Eds.), Handbook of Child Psychology(5th ed.), 1998, pp. 73-134. New York: Wiley & Sons; National Research Council and Institute of Medicine. From neurons to neighborhoods: The science of earch childhood development. Washington DC: National Academy Press.

75 Schorr, Lisbeth B. Pathway to Children Ready for School and Succeeding at Third Grade. Project on Effective Interventions at Harvard University, June 2007.

76 Ibid.

Public Information and Awareness

Public interest in early childhood is growing. Recent research in early childhood development has increased families' attention on the lasting impact that children's environments have on their development. The passage of Proposition 203 – First Things First – in November 2006, as well as previous efforts lead by the United Way, the Arizona Community Foundation, and the Arizona Early Education Funds, have elevated early childhood issues to a new level in our state.

Increasingly, families and caregivers are seeking information on how best to care for young children. National studies suggest that more than half of American parents of young children do not receive guidance about important developmental topics, and want more information on how to help their child learn, behave appropriately, and be ready for school. Many of the most needy, low-income, and ethnic minority children are even less likely to receive appropriate information.[77]

Families and caregivers also seek information on how families can connect with and navigate the myriad public and private programs that exist in their communities that offer services and support to young children and their families. Few connections exist between such public and private resources, and information that is available on how to access various services and supports can be confusing or intimidating. Information provided to families needs to be understandable; linguistically, culturally and geographically relevant; and easily accessible.

Public awareness and information efforts also need to go beyond informing parents and caregivers of information needed to raise an individual child or support a family in care giving. Increased public awareness around the needs of children and their families is also needed. Policy leaders need to better understand the link between early childhood efforts and the broader community's future success. Broader public support must be gleaned to build the infrastructure needed to help every Arizona child succeed in school and life. Success in building a comprehensive system of services for young children requires a shift in public perceptions and public will.[78]

Unfortunately, there are very few mediums used for providing information and raising parent awareness about early childhood education and health for the Tohono O'odham Nation. This is a gap that the RPC should note. As mentioned earlier, there needs to be an increase in early childhood family resource information on programs and services that work with the 0-5 year old population in addition to coordinating such material among the interested parties. One avenue to consider would be a monthly or quarterly newsletter containing information on programs and services offered, community activities, nutrition information, and other educational materials.

In 2004, the Tohono O'odham Nation established KOHN, a radio station designed to inform and entertain members of the Nation. KOHN is another mode of media to provide parent education. The Nation is also in the process of developing an official website that could be used to provide program information and announcements.

77 Halfon, Nel, et al. "Building Bridges: A Comprehensive System for Healthy Development and School Readiness." National Center for Infant and early Childhood Health Policy, January 2004.

78 Clifford, Dean, PhD. Practical Considerations and Strategies in Building Public Will to Support Early Childhood Services.

System Coordination

Throughout Arizona, programs and services exist that are aimed at helping young children and their families succeed. However, many such programs and services operate in isolation of one another, compromising their optimal effectiveness. A coordinated and efficient systems-level approach to improving early childhood services and programs is needed for the Tohono O'odham Nation.

System coordination can help communities produce higher quality services and obtain better outcomes. For example, one study found that families who were provided enhanced system coordination benefited more from services than did a comparison group that did not receive service coordination.[79] Effective system coordination can promote First Things First's goals and enhance a family's ability to access and use services.

Partnerships are needed across the spectrum of organizations that touch young children and their families. Organizations and individuals must work together to establish a coordinated service network. Improved coordination of public and private human resources and funding could help maximize effective outcomes for young children.

A wide array of opportunities exists for connecting services and programs that touch children and families. Early childhood education providers, services, and programs that help families care for their young children could be better connected to enhance service delivery and efficiency. Partnerships within the Tohono O'odham Nation governmental and administrative programs, as well as between state programs that help low income families, could be better coordinated to eliminate redundancies and gaps in services in an effort to provide a continuum of care.

Parent and Community Awareness of Services, Resources or Support

Building Bright Futures, the 2007 Statewide Assessment, noted that the passage of First Things First by majority vote demonstrates that Arizonans are clearly concerned about the well-being of young children in Arizona. However, when asked "how well informed are you about children's issues in Arizona," more than one in three respondents say they are not informed.

Although the Tohono O'odham Nation has support programs and services for parents and children related to early childhood, there needs to be more coordination among such programs. Many programs partner to provide services to achieve a common goal of strengthening overall health and wellness for children from birth through age five. In addition to the services listed below, child care and recreational opportunities are also available on the Tohono O'odham region. The following are some of the programs and resources available to children and families*:

Department of Education, Division of Early Childhood Development, Head Start Program. Parents play a major role in planning Head Start activities based on the

79 Gennetian, L. A., & Miller, C. Reforming welfare and rewarding work: Final report on the Minnesota Family Investment Program: Effects on Children, 2000, New York: Manpower Demonstration Research Corporation; Miller, C., Knox, V., Gennetian, L. A., Dodoo, M., Hunter, J. A., & Redcross, C. Reforming welfare and rewarding work: Final report on the Minnesota Family Investment Program: Vol. 1: Effects on Adults, 2000, New York: Manpower Demonstration Research Corporation.

Tohono O'odham bilingual/bicultural curriculum. Information is shared with parents on all areas of development, as well as on health concerns/issues which are considered a key component of the program. This Head Start program partners with other tribal programs, such as Healthy O'odham People Promotion and Tohono O'odham Community Action, to educate families on nutrition.

Department of Education, Division of Early Childhood Development, Early Child Care Program. This program provides early child care for children ages 0 – 3 on site with a Head Start program, and also subsidizes home care providers on and off the Nation. The program specifically provides child care for families in the Employment and Training program.

Department of Education, Division of Early Childhood Development, Special Services. Provides screening for the Child Find program and serves as liaison for follow up evaluations with schools on the Nation.

Department of Health and Human Services, Special Needs Program. This program has three focus areas:

- Identify children and adults who are in need of special services;
- Promote effective systemic delivery of services; and
- Family advocacy/education services.

Specifically, the program assists in the coordination of services for individuals and families in need of special services, serves as liaison to internal/external agencies, and advocates for families and individuals by locating programs and resources and assisting in navigating the service system. The program also provides supplemental financial assistance.

Bureau of Indian Education Santa Rosa Boarding School Program. The FACE Program is a free family literacy program for Native American families, with children ages birth to five years, as well as for pregnant mothers. School and home-based services are provided.

Department of Health and Human Services Behavioral Health Program. The Behavioral Health program provides services in alcohol abuse, substance abuse, addictions, aftercare, and mental health. It also includes a program to address dual diagnosis.

Tohono O'odham Nation Department of Education Employment and Training Provides comprehensive employment services, including education and training.

Tohono O'odham Venito Garcia Library and Archives. The Library and Archive services offer appropriate print and non print materials, programming, and public access to computers for Tohono O'odham adults and children in a friendly environment that is culturally sensitive.

*This list does not include all Tohono O'odham programs and service available to tribal members.

Areas of future interest to RPC

- Increase coordination among programs that serve children and families,
- Possibility of unified database system to access early child care and health information,
- Administering a Community Survey to families regarding early childhood development and health,
- Feasibility of a mobile community resource center, and
- Barriers within tribal service delivery system (particularly for families in outlying communities) and possible solutions.

Conclusion

Synthesis of Findings on Regional Child and Family Indicators and Early Childhood System

The many communities that comprise the Tohono O'odham Nation have great capacity to increase opportunities for children and families. Many service providers recognize the need to better coordinate local resources to provide parents and families with a cohesive, collaborative, and comprehensive array of services. Many types of child care providers serve Tohono O'odham families, but more information is needed about the quality of care provided across the spectrum of options available. Due to the Tohono O'odham Nation's large land base, barriers to access of quality early childhood development and health services also exist for families, including costs as well as transportation and hours of operation. There is also evidence of a need for increased training and certification among child care professionals in the region. Many online and nearby resources exist that offer professional development, but more information is needed on barriers to accessing higher education.

In regard to economic and overall well-being, high unemployment rates and a high percentage of families living under the federal poverty level, suggest that many households in the region struggle financially. Housing was also noted as a significant concern for the Tohono O'odham. Many families and children receive the health care they need through I.H.S., located throughout the region. Communication issues, minimal system coordination, high staff turnover rates, and issues with funding for evaluation were, however, noted as possible concerns impacting health screening and referrals in the region.

Identification of Greatest Regional Assets

Some of the greatest assets among the Tohono O'odham Nation are the early childhood programs and services that do exist for families living on or near the Nation. Also in favor are the professional development opportunities. Furthermore, there are efforts to integrate language and culture, some of the Tohono O'odham's most important assets, into curricula and program activities.

Identification of Greatest Regional Needs

While there are a number of early care and education programs in the community, they are not sufficient to meet the need of the growing population of children ages 0-5. Many barriers exist to accessing quality care, including infrastructure to support early care centers, waiting lists, transportation programs, hours of operations, and the cost of the care. More resources are needed to expand facilities to accommodate more children, hire qualified staff, and provide training and professional development. Many families also do not have access to sufficient medical care. While programs partner to provide services, more coordination is needed to create a continuum of care, including case management, referral and follow up, centralization of services and information sharing. Finally, there is a need to provide families with resources related to early childhood development and health for the 0-5 population. This material should reference not only the services but also community events, nutrition,

parent support, special needs, mental health, et cetera.

Appendices

Assets for Tohono O'odham Nation

Tribal Government Programs			
Ki:Ki Housing	Box 776	Sells	85634
Tohono O'odham Department of Education – Early Childhood Development	P.O. Box 837	Sells	85634
Tohono O'odham Department of Education – Employment and Training	P.O. Box 837	Sells	85634
Tohono O'odham Department of Education – Employment Assistance	P.O. Box 837	Sells	85634
Tohono O'odham Department of Education – Higher Education	P.O. Box 837	Sells	85634
Tohono O'odham Department of Education – Johnson O'Malley Program	P.O. Box 837	Sells	85634
Tohono O'odham Department of Education – Scholarship Fund	P.O. Box 837	Sells	85634
Tohono O'odham Department of Education – Venito Garcia Library and Archive	P.O. Box 837	Sells	85634
Tohono O'odham Department of Education – Vocational Rehabilitation	P.O. Box 837	Sells	85634
Tohono O'odham Department of Education – Youth Services	P.O. Box 837	Sells	85634
Tohono O'odham Department of Education Div. of Early Childhood Development – Head Start Programs	P.O. Box 837	Sells	85634
Tohono O'odham Department of Education Div. of Early Childhood Development – Child Care Services	P.O. Box 837	Sells	85634
Tohono O'odham Department of Education Div. of Early Childhood Development – Special Services	P.O. Box 837	Sells	85634
Tohono O'odham Department of Health and Human Services – Behavioral Health	P.O. Box 837	Sells	85634
Tohono O'odham Department of Health and Human Services – Child Welfare	P.O. Box 837	Sells	85634
Tohono O'odham Department of Health and Human Services – Community Health	P.O. Box 837	Sells	85634
Tohono O'odham Department of Health and Human Services – Family Assistance	P.O. Box 837	Sells	85634
Tohono O'odham Department of Health and Human Services – Health Promotion: HOPP	P.O. Box 837	Sells	85634
Tohono O'odham Department of Health and Human Services – Health Transportation	P.O. Box 837	Sells	85634
Tohono O'odham Department of Health and Human Services – Senior Service	P.O. Box 837	Sells	85634
Tohono O'odham Department of Health and Human Services – Special Needs	P.O. Box 837	Sells	85634
Tohono O'odham Nation Department of Planning – Special Project: Infrastructure/Capital Expenditures	P.O. Box 837	Sells	85634
Hospitals/Clinics			
Indian Health Services: San Xavier Clinic	7900 South J. Stock Road	Tucson	85746
Indian Health Services: Santa Rosa Clinic	P.O. Box 548	Sells	85634

Indian Health Services: Sells Service Unit – Sells Hospital	P.O. Box 548	Sells	85634
Indian Health Services – San Simon Health Center	P.O. Box 548	Sells	85634
Schools			
Arizona State Board for Charter Schools – Ha:san Preparatory School	1333 E. 10th St.	Tucson	85719
Bureau of Indian Education - Baby Family and Child Education Program	HC 01, Box 8400	Sells	85634
Bureau of Indian Education - Family and Child Education Program	HC 01, Box 8400	Sells	85634
Bureau of Indian Education – San Simon School	HC 02, Box 92	Sells	85634-0092
Bureau of Indian Education – Santa Rosa Boarding School	HC 01, Box 400	Sells	85634
Bureau of Indian Education – Santa Rosa Ranch School	HC 02, Box 7570	Sells	85634-7570
Indian Oasis Baboquivari Unified School District – So. Campus, K-3	111. W. Main	Sells	85634
Indian Oasis Baboquivari Middle/High School	111 W. Main	Sells	85634
Indian Oasis North Campus School, 4-6	111 W. Main	Sells	85634
Roman Catholic Diocese – San Xavier del Bac Mission School	1980 W. San Xavier Rd., San Xavier District	Tucson	85746-7409
Sunnyside Unified School District	1725 E. Bilby Rd.	Tucson	85706
Universities/ Colleges			
Arizona State University	425 E. University Dr.	Tempe	85281
Chapparal Business College	4585 E. Speedway Blvd., #204	Tucson	85712
I.T.T. Technical Institute	1455 W. River Rd.	Tucson	85704
International Institute of America (A.I.B.T)	5441 E. 22nd St.	Tucson	85716
Pima Community College	4905 E. Broadway	Tucson	85709
The University of Arizona	1515 N. Campbell	Tucson	85724
Tohono O'odham Community College	P.O. Box 3129	Sells	85634
University of Phoenix	4615 E. Elwood St.	Phoenix	85040
Recreation Centers			
Tohono O'odham Nation Department of Planning – Recreation Center	P.O. Box 837	Sells	85634
Libraries			
Pima County Library System – San Xavier Learning Center Library	1960 W. Walk Lane	Tucson	85746-7416
Tohono O'odham Community College Library	TOCC Central Campus, Bldg. 400, Room 402, P.O. Box 3129	Sells	85634
Tohono O'odham Nation Cultural Center & Museum – Special Collections Cultural Archives	Fresnal Canyon Rd.	Sells	85634
Tohono O'odham Nation Department of Education Tribal Library – Venito Garcia Library & Archives	P.O. Box 837	Sells	85634

Tohono O'odham Nation Pisinemo Media Center	Pisinemo Village; Highway 21	Sells	85634
Tohono O'odham Nation San Lucy District Library	1125 C Street	Gila Bend	85337
Non Tribal Programs/Agencies/Coalitions			
Department of Economic Security Division of Developmental Disabilities (DDD) – Desert Survivors, Contracted Provider, Tohono O'odham Dept of Education	1020 W. Starr Pass	Tucson	85701
Community Resources			
KOHN Radio Station 91.9	P.O. Box 837 Main Street Bldg. 49	Sells	85634
Tohono O'odham Community Action (TOCA)	P.O. Box 1790	Sells	85634
San Xavier Cooperative Farm	8100 S. Oidak Wog	Tucson	85746

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Description of methodologies employed for data collection

The needs and assets assessment process commenced on May 1, 2008 with coordination by Tohono O'odham Nation Regional Partnership Council Coordinator. The following summarizes the process by which First Things First agreed to proceed:

The Tohono O'odham Nation Legislative Council, through Resolution No. 08-041, "...authorizes the Nation's Chairman to negotiate and sign the plan, the Application, and any other documents necessary to implement the Regional Plan." The Tribal Chairman approved a tribal protocol for data collection and provided a letter stating such on July 8, 2008. Data collection commenced with an original deadline of July 8, 2008. This was extended until the end of the week to meet the original deadline of a report by July 25, 2008. This, too, was extended due to changes in the format of the report. The final deadline was set for August 15 with a draft report anticipated for September 5, 2008.

Due to the initial short time period for conducting data collection, the report is primarily composed of secondary data, a decision made early on by the Regional Partnership Council. Primary data was collected through informal meetings and provided in addition to the primary purpose of secondary data collection.

Informal meetings can be considered open-ended interviews with key informants. They were conducted with directors, program managers, staff, and service providers to provide information on identified and additional indicators, program services and system coordination, assets, and needs.

Key informants were identified by the Regional Partnership Council (RPC) based on the key informant's role in providing early childhood services within the Tohono O'odham Nation. Program representatives from the Head Start program, Special Services, Early Child Care program, Special Needs, Indian Health Services, and an outside program Desert Survivor were included in the sample.

A total of six (6) key informants were interviewed either in person or by phone with email follow up. A group interview with (3) key informant interviews was

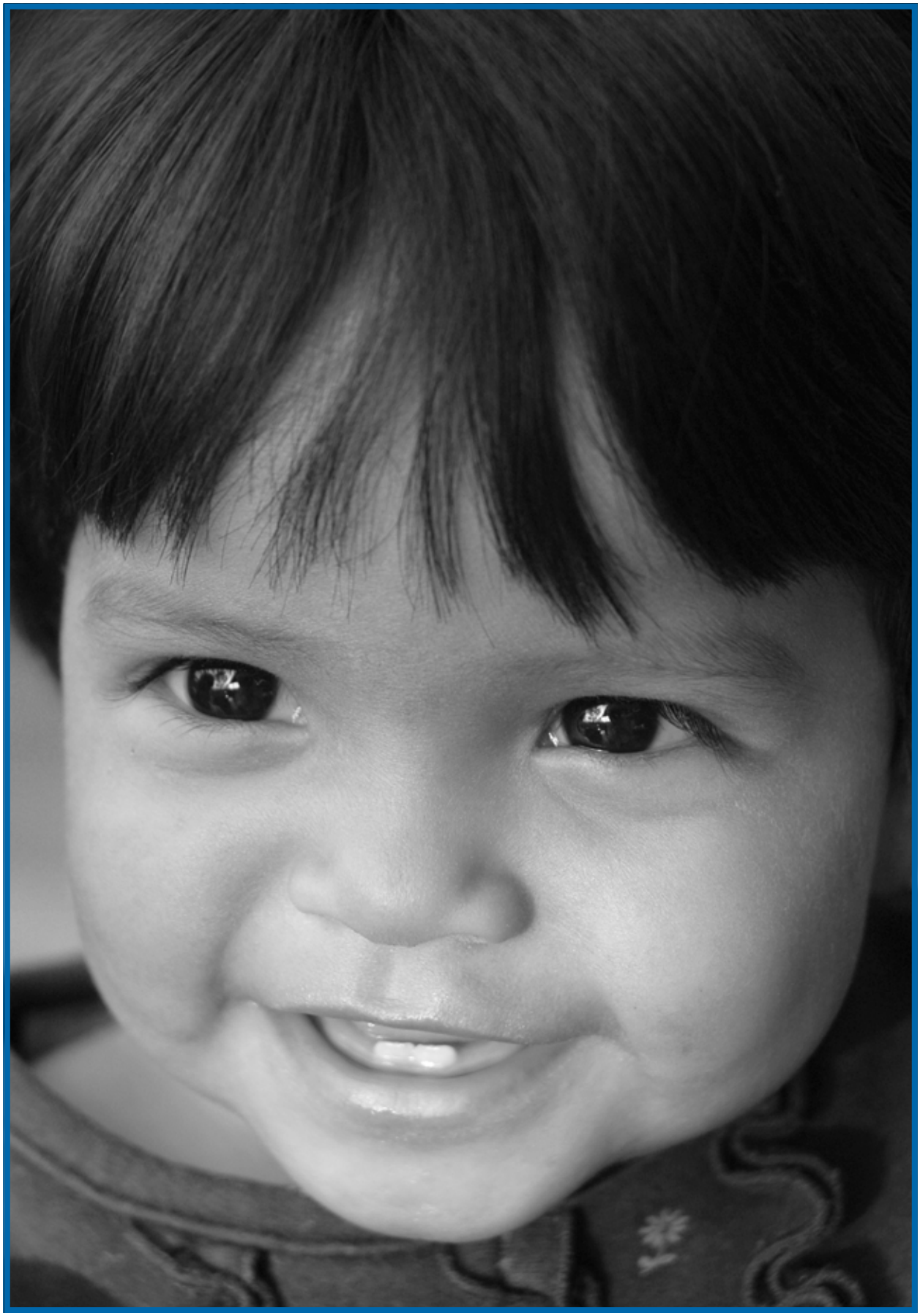
conducted in person with follow up by phone and email. Two (2) interviews were conducted by phone and two (2) were primarily conducted via email. The interviews primarily focused on data collection for the key indicators in Section III of the Needs and Assets report but also included inquiry into access, quality of care, and system coordination as well as perceived strengths and needs in the area of early child care development and health.

As made clear in the State's 2007 Bright Futures report, gaps in data capacity infrastructure are more than evident when looking for evidence of how well young children are doing in Arizona with regard to early childhood health and education efforts. Data were not always available at the regional level of analysis, particularly for the tribally specific data. In particular, data for children 0-5 years were especially difficult to unearth and in many cases indicators are shown that include all children under the age of 18 years, or school age children beginning at age six. One exception to this case is the Head Start data, yet it only provides data for children 3 – 5 yrs. The gap is in data for children under the age of five years. A challenge also exists when conducting an analysis for comparison when the total population is unavailable or varies, as in comparing U.S. Census to Enrollment numbers or Indian Health Service data. Therefore, the report is limited by the manner and quality of data collected and/or available.

Compounding this problem are additional barriers that limit the sharing of data between communities, organizations, and other entities due to concerns over privacy and other obstacles that impede the dissemination of information.

It is also important to note that even when data are available for this population of children (0-5 years), or even the adult population of caregivers or professionals, there are multiple manners in which data are collected and indicators are measured, depending on agency perspectives, understanding in the field, and the sources from which data are mined. These indicators, approaches, and methods of data collection also change over time, sometimes even yearly, and these inconsistencies can lead to different data representations or interpretations of the numbers presented in this and other reports where data capacity infrastructure efforts are still in their infancy as they are in Arizona and nationally, with regard to young children ages 0-5 years.

Given these limitations with Arizona's current data capacity infrastructure, data presented here should be interpreted carefully; yet, also be seen as one step in the right direction towards building this capacity at the local level by conducting regular community assessments on a biennial basis.



FIRST THINGS FIRST

Tohono O'odham Nation Regional Partnership Council

310 S. Williams Blvd., Ste 106
Tucson, AZ 85711

(520) 628-6694

www.azftf.gov/tohonooodhamnation